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ABSTRACT

This report presents the results of a three-year program of research designed to evaluate the effectiveness of institutions serving dependent and neglected children in terms of their impact on resident children, and their ability to respond to changing demands on their services. Basically, the research was geared to determining whether the open, community-oriented institution was more effective with children and responsive to change initiatives than its counterpart, the closed (non-community-oriented) institution. Three distinct external strategies for inducing institutional change were developed and introduced in a controlled fashion over a year's time with groups of institutions. An examination of the results of these strategies enabled an assessment of the degree of responsiveness of differently structured institutions to different types of external change initiatives. These efforts yielded considerable information of a technical nature on measuring institutional effectiveness, and of a substantive nature regarding the quality of care provided by institutions for dependent and neglected children. (Author/SJL)

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A Community Oriented Evaluation of THE EFFECTIVENESS of CHILD CARING INSTITUTIONS

prepared by:

George Thomas, PhD

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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Introduction

In the summer of 1971, the Regional Institute of Social Welfare Research began a three year program of research designed to evaluate the effectiveness of institutions serving dependent and neglected children in terms of their impact on resident children and their ability to respond to changing demands upon their services.

In the simplest conceptual terms, we set out to determine whether the open (community-oriented) institution was more effective with children and responsive to change initiatives than its counterpart, the closed (noncommunity-oriented) institution.

Persons who assume existing levels of information about children's institutions adequate for the formulation of professional opinion and public policy may pause to ask whether another study was necessary.

Some who harbor dark suspicions about the appropriateness of any sort of institutional care in our society may find gross illogic in any effort to evaluate the effectiveness of a form of service delivery deemed to be inherently defective. Further, they may question the usefulness of determining whether children's institutions are responsive to change in delivering their services when the belief is that they should be done away with altogether.

Others, who reject the either-or tone of the advocates of total deinstitutionalization, are convinced that institutions have a valid specialized role to fulfill in serving special problem children.

Individuals comfortable with this line of reasoning may find the purposes of our research to have value but may still ask why the research was performed with institutions for dependent and neglected children.

In the broadest definitional terms, dependent and neglected children are not viewed as special problem children, that is, children demonstrating--or at least labeled as suffering--personal mental, emotional, social and/or physical deficits or deviancies (Seidl, 1972).

In sum: Why apply the research to institutions serving children who should not be institutionalized?

These value positions and the questions posed by them are, of course, open to conjecture and debate, although it would serve no purpose to examine their relative merits at this point. The most straightforward reason for such a study is that child dependency and neglect are matters of growing concern to public officials and others responsible for developing and providing services to the nation's children.

The body of statistical evidence on rates of marital breakdown, single parent families, child abuse, malnutrition, school failure, and so on, are often taken as indicators of a decline in the ability to cope with the responsibilities of child rearing in a growing number of families.

Substitute care and community based supportive services to maintain children in their own homes constitute the two basic service options.

In terms of substitute care, there is growing awareness that there may be no universal alternative to institutionalization for dependent and neglected children.

For example, the changing role of women in our society may have considerable impact upon our potential for recruiting sufficient numbers of adequate foster home parents in the years ahead.[1]

The general utility of the small group residence is also open to question. Evaluations of group homes serving dependent and neglected populations (i.e., nondelinquent/nonmentally retarded children) indicate mixed or indeterminate results at best.[1] Moreover, the cost per child of small group home care is likely to exceed that of other forms of substitute care (Koshel, 1972; Fanshel and Shinn, 1972; Gula, 1974).

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[1] See Kadushin, 1973. It should be noted at the same time that the public expresses strong support for the development and funding of foster home care resources. The results of a recent national survey of the public's attitudes toward welfare services indicated that 81 percent of the sample felt foster home care represented a good use of public funds. Genevieve W. Carter, et al, Public Attitudes Toward Welfare: An Opinion Poll (Los Angeles: Regional Research Institute in Social Welfare, December, 1973), p. 21.

Considerations of cost and availability of alternative placements may partly explain the bottoming out of the trend in the number of institutional placements of dependent and neglected children in recent years, following a consistent decline in the trend over the last half century or so.

Growing public concern about child dependency and neglect and the implication that some level of demand for institutional services will continue into the immediate future point to the need to reappraise the role of children's institutions in delivering substitute care services.

Even if the demand level remains relatively constant, there is a pressing need to update our knowledge about institutions for dependent and neglected children. Very little systematic work has been done in recent years in spite of the fact that such institutions represent a sizable proportion of the total number of children's institutions of all types in operation today.

According to the most recent information available, several hundred institutions scattered throughout the nation, representing over 40 percent of all children's institutions, claim to be serving primarily dependent and neglected children (Kadushin, 1973).

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[1] For recent examples of a growing body of inconclusive findings on small group home care services see: Project Report, Project Reform: Use of Residential Programs to Provide Social and Vocational Adjustments for Adolescent Girls, Villa Loretta School, Peeksville, N. Y., February, 1969; Final Report and Evaluation, Girls' Residential Youth Center, Portland, Maine, March, 1970; and Final Report: Boys' Residential Youth Center Effect of Innovative, Supportive Services in Changing Attitudes of "High Risk" Youth, Boys' Residential Youth Center, New Haven, Connecticut, February, 1969.

The aggregate resident population of these institutions is estimated to exceed 60,000 children, 88 percent of whom are located in voluntarily funded services.[1]

This last fact suggests something about the survival potential of these institutions in the face of periodic changes in service emphases and fluctuating demand levels for substitute care.

Most institutions for dependent and neglected children are the durable descendents of orphanages and their survival rests primarily upon the continuation of a strong tradition of voluntary support for such services (Whitaker, 1971). Unless this tradition suddenly evaporates, these institutions will likely endure in large numbers for the foreseeable future.

Thus, there is a need to know more simply because these institutions represent a major component of the existing aggregate of substitute care services for children and they are likely to remain a significant component.

Finally, there is a need to know more about these services from a different perspective, a perspective that holds promise of providing more useful information to those responsible for leadership in shaping the directions to be taken by these institutions in the provision of substitute care services.

For a variety of reasons, most of the research on children's institutions up to the present has dealt with clinical treatment processes and methods and/or case analyses of individual institutions (Shyne, 1973).

The results gleaned from such research may have high value to the practitioner working with a particular type of child, but they yield precious little about overall organizational performance and are often not directly transferable to institutions serving different types of children or utilizing different treatment approaches.

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[1] DHEW Publication No. (SRS) 73-03258, NCSS Report E9, Children Served by Public Welfare Agencies and Voluntary Child Welfare Agencies and Institutions - March, 1971, Table 10.

This figure excludes 4,000 residents of voluntary maternity homes and disturbed children residing in medical institutions.

We have utilized the institution itself as the unit of analysis in the research reported on in the body of this document.

Instruments were developed to obtain baseline measures of the structure--or milieu if you wish--of a large number of institutions in order to allow comparative analysis of aggregated performance outcome scores for resident child populations and institutional staffs.

Additionally, three distinct external strategies for inducing institutional change were developed and introduced in a controlled fashion over a year's time with groups of institutions to assess the degree of responsiveness of differently structured institutions to different types of external change initiatives.

These efforts, we believe, have yielded considerable information of a technical nature on measuring institutional effectiveness and of a substantive nature regarding the quality of care provided by institutions for dependent and neglected children.

It is hoped that the approach we adopted fulfills its potential for producing information of general usefulness for those in decision-making capacities in a wide variety of children's institutions who are confronted with the compelling issues of organizational effectiveness.

CHAPTER I

THE THEORETICAL PERSPECTIVE

Part I: The Institutional Impact from the Perspective of Community-Oriented Care and Adequate Child Competence for Community Living

What are the characteristics of the effective institution serving dependent and neglected children?

In our view, the question must be addressed from two standpoints. First, an institution's impact upon its resident child population must be determined; and, secondly, an institution's responsiveness to changing service demands in its external environment must be assessed.

A search for reasonable answers from either standpoint is a formidable undertaking. Taking the parts in tandem, as we have, compounds the conceptual and logistical problems that must be resolved.

The introduction to this work attempts to set the stage by giving some reasons why this effort was launched. This chapter sets out what we studied, that is, the perspective and definitional limits adopted in approaching the issue of institutional effectiveness in terms of impact on residents and responsiveness to changing community service needs.

Chapter II spells out how the work was accomplished from a technical standpoint.

Ultimately, the value of what we have found and reported in the remaining chapters will rest with the reader's judgments about the pertinence, conceptual soundness, and technical adequacy of our efforts.

The Baseline: A Model of Community-Oriented Institutional Care

Our beginning premise is that children's institutions have in common two basic obligations.

First, children's institutions share in common a responsibility for meeting one or more community defined needs for institutional services.

Secondly, they share in common a responsibility for preparing resident children for a return to adequate living in their own communities in as rapid a manner as current service technologies permit.

Both obligations may be converted to measurable goal statements by which institutional effectiveness can be evaluated.

Regarding the issue of institutional responsiveness to external environments, it is important to determine the desirability of the directions of organizational change as well as the degree of an institution's movement.

Is an institution moving toward or away from a desirable mode of service delivery, or is the change it is undergoing simply a reflection of a state of chaos or purposeless drift? (G. Lippett, 1973)

Implied in all of this is the underlying question, namely, is there a model of care for institutionalized children toward which institutions should move and against which their effectiveness can be properly assessed?

The extensive literature on children's institutions provides some leads but no clear answer.

With a little effort one can tease the elements of two commonly discussed approaches to institutional care from the literature, namely, custodial care and the therapeutic milieu.

Custodial care is, of course, the bad guy, the negative end point on the continuum. The ultimate goal of custodial care is deemed to be organizational maintenance and those who run such institutions are believed to manipulate community and resident population relationships to serve that end.

According to informed opinion, this approach is marked by long term care and routinized, impersonal service methods that are productive of institutional remoteness from community environments and internal stresses toward conformity to institutionally contrived behavioral standards (Goffman, 1961; Holland, 1973).

While there is some evidence that institutional emphases of this sort may retard or otherwise distort the intellectual, affective, and/or social development of some resident children (Holland, 1973), it is far from a proven fact they uniformly dehumanize and permanently damage children to the extent commonly implied (Shyne, 1973).

Nonetheless, from a theoretical standpoint custodial care would not meet either goal we have set forth in any appreciable manner.

Directly, or by inference, the therapeutic milieu is frequently presented as the opposite of or a corrective for custodial care.[1]

While there is as yet no commonly agreed upon discription of the therapeutic milieu, discussion of the concept usually stresses employing variants of the team approach with staff to intervene a resident child's daily life world (life space) to achieve what the team agrees to be beneficial changes in the child's inner and/or outer behavior (Whittaker and Trieshman, 1972; S. H. Taylor, 1973).

Institutions identifying with this approach generally rely heavily on the skills of professionally trained staff dedicated to the goals of changing, correcting, and restoring children with presumed or known problems of one type or another.

Unfortunately, the concepts subsumed under the label therapeutic milieu are not very helpful in identifying criteria useful to constructing an evaluation model for institutions serving dependent and neglected children.

One reason for this is that institutions for dependent and neglected children operate at least implicitly to achieve the goals of normal growth and development. Their aim is to assist and enhance the functioning of children already moving along this path of adequate performance rather than to reduce or eliminate personal pathological barriers, thereby restoring them to that path.

---

[1] As Redl (1958) noted long ago, the term milieu simply represents the collection of factors one selects to describe the nature of the institutional setting. Tacking on the word therapeutic serves to draw attention to the positive or negative effects these factors have upon the behavior of the resident child exposed to them and how they maybe purposefully utilized to enhance achievement of service goals.

More importantly, the therapeutic milieu is not conceptually independent of custodial care and, therefore, not its true opposite.

The point has been made more than once that the therapeutically structured milieu may become rigid in the exclusive conduct of specific treatment modalities thereby creating demands for staff allegiance and child conformity and fostering long term care as well as detachment from a potentially critical community environment.

The appeal of its goals and program notwithstanding, the therapeutic milieu operating in this manner would fall short of the two basic goals we have posed much as the custodial institution does.

Following this line of reasoning we have concluded that community-oriented care offers a sharper contrast to custodial care for our purposes.

The model of community-oriented care we finally adopted is presented in outline form in Diagram 1-1 followed by a brief discussion of the rationale for inclusion of its various components.

Rationale: External Dimension Components

In its external relations the community-oriented institution is sensitive to existing and changing needs for residential services as defined by its community environment and exhibits at least a potential capacity for responding.

In terms of its current modes of operation, the community-oriented institution demonstrates a capacity to manage child flow (E1). It is not burdened by waiting lists or excessive numbers of vacancies, maintains a reasonably balanced ratio of admissions to releases overtime, utilizes a wide variety of referral/replacement resources, and deemphasizes long term or permanent care.

The community-oriented institution is also marked by the degree of heterogeneity in its resident population (E2).

Diagram 1-1

A Model of Community-Oriented Institutional Care

Goal: Meeting Community Defined Need (External dimension components)	Goal: Preparing Children for Return to Community (Internal dimension components)
E1. Child Flow	I1. Replacement/Follow-Up Program
E2. Population Composition	I2. Child Stigma
E3. Restrictiveness of Admissions	I3. Centralization Live/Eat Facilities
E4. Staff Capacity: Depth	I4. Comprehensiveness: On-grounds Program
E5. Staff Capacity: Continuity	I5. Daily Life Decision-Making Pattern
E6. Staff/Community Cross Flow	I6. Rewards/Discipline Pattern
E7. Institutional Change Status (Director)	I7. Centralization of Decision-Making

Conditions of dependency and neglect may be experienced by children of either sex, of all races, at any age, regardless of individual differences in family backgrounds or personal coping abilities.

Thus, even if an institution seeks to limit its services to those falling within a narrow traditional definition of dependency and neglect, it can be determined to be responding to all such children in need or a favored few.

The image an institution puts forth to the community in terms of its admission policies (E3) is sufficiently important to warrant consideration independent of the actual population served. For one thing, the type of child an institution says it will accept may be quite different from the type being served.

More importantly, the degree of openness in admissions policies gives the community--geographic as well as community of interest--an idea of the extent to which the institution might be relied upon as a useful resource in meeting changing community service needs.

Finally, the community-oriented institution has highly permeable boundaries (E6) marked by substantial use of the institution by the community for its own purposes and in assisting the institution, and, conversely, by a high degree of institutional staff involvement in the community's network of child welfare services.

In addition to an institution's current modes of operation vis a vis its community environment, it is important to assess its potential for further responsiveness to community defined need.

In this matter, we believe an institution must have sufficient numbers of appropriately deployed staff (E4). The staff must also have sufficient familarity with local service problems gained through job experience and adequate training and preparation for providing services (E5).

In short, a major part of an institution's capacity for responding to changing community need rests with the overall capacities of existing staff.

Institutions marked by inadequate numbers of badly organized staff who are poorly trained and who frequently quit after short terms of employment are viewed as lacking in such capacities.

To complete the picture, we have included the overall orientations of the institutional director toward institutional change (E7). It has often been noted that the director is a key person whose views loom large in the operations of an institution (Weber, 1962; Vinter and Janowitz, 1959). If this is so, his orientations must be considered a major component in assessing an institution's overall responsiveness to meeting community defined need.

Rationale: Internal Dimension Components

Internally, the community-oriented institution devotes itself to the singular purpose of preparing children for a return to adequate living in their own communities.

To do this, the institution must have a planned approach aimed at replacement (I1) that operates from the point a child is being considered for admission and ends only when follow-up information determines the replacement satisfactory. This approach includes, among other components, involvement of the child in the decision-making process, consistent contact with the primary replacement resource (parent or others), and implementation of after-care supports as needed.

Programmatically, the community-oriented institution strives to maximize the resident child's exposure to beneficial real life community experiences patterned as closely as possible to those engaged in by nonresident children of similar ages and backgrounds.

This is done by utilizing community recreational, counseling, educational, and other types of programs in the same manner as they are utilized by nonresident children rather than by developing a comprehensive on-grounds program to duplicate what the community offers (I4).

All features of the program of care that would set the resident child apart (I2) relative to mode of dress, transportation, presentation of children in groups, and so on, must be minimized. Of importance here, community experience should be provided under community supervision to the maximum extent possible.

Standards useful as guides for developing program in community-oriented institutions derive essentially from staff knowledge about what adequate child performance for community living means.

Institutions that rely on efforts to develop suitable replicas of parental family life styles and/or upon creating elaborate supportive programs on-grounds as the primary mechanisms for preparing children for community replacement may well produce institutional environments that have a poor fit to the realities of community living.

Preparation for community living through exposure to community experiences under real life conditions is supported on-grounds by modeling living arrangements, child decision-making involvement in his own affairs, and reward/discipline systems on those that generally prevail in communities, as opposed to those that might be contrived for the convenience of institutional operations.

The community-oriented institution is thus identified with decentralized living and eating facilities and arrangements (I3). At a minimum these arrangements afford a measure of personal privacy and choice in housing appurtenances and protection of private effects, along with facilities for preparing meals and a voice in expressing food preferences within each housing unit.

Further, such institutions broadly engage children in daily life decision-making processes (I5) and distribute final decision-making authority throughout the staff hierarchy including allocation of such authority to residents commensurate with their age levels and established patterns of responsible behavior (I7).

Finally, reward/discipline methods are directly tied to child decision-making to reinforce personal responsibility in behavior (I6).

In general reward/discipline methods should be patterned on those prevailing in the community and conform to some elementary principles of social justice (Thomas, 1974).

There should be a single set--rather than dual sets--of standards for on-grounds and community behavior, impartial and equal application of standards for excellent or reprehensible behavior about which the child has advance notice, and an appeal or grievance mechanism.

Tangible rewards/discipline should be emphasized, however, extreme rewards (large allowances or the removal of all accountability for behavior) and disciplines (corporal punishment or expulsion) should be utilized rarely, if at all. Rewards/discipline should be meted out by staff members most closely approximating in status those community persons who normally would reward or discipline specific types of behaviors.

Briefly put, the community-oriented institution according to our model is highly integrated with its community environment, oriented toward responsiveness to that environment, and capable of following through.

Internally, the community-oriented institution maximizes exposure of the resident child to real life community experience and organizes on-grounds facilities and program to reinforce responsible community behavior as the essential approach to preparing the child for a return to adequate living in his own community.

What is Adequate Child Competence for Community Living?

An important statement has recently appeared in the literature proposing that the time honored guideline of "in-the-best interests of the child" be replaced by a child placement standard that would yield "the least detrimental available alternative for safeguarding the child's growth and development" (Goldstein, Freud, and Solnit, 1973).

For a great many children who come to be known as dependent and neglected due to some crisis, inadequacy, or breakdown in their families, this would be a boon.

The best interests principle is deceptive: It can lead those responsible for planning and providing substitute care services to expect and demand more of these services than they are able to deliver.

The principle of least detriment helps reduce such expectations and demands to more realistic levels. A series of foster home placements is not the least detrimental substitute care experience for those children who need stability to promote growth and development (Miesel and Loeb, 1965). Moreover, for children for whom the next stage of growth means independent living, or for whom a return to their own families is a real possibility, the imposition of foster parents into their lives may be productive of a confusion of loyalties, unnecessary conflict, and perhaps a temporary arrest of growth and development (H. B. Taylor, 1966).

Similarly, some children are likely ill served by being placed in high cost therapeutic environments, although it is difficult to see this when exercising the principle of best interests.

It is possible, however, to conceive of children being diverted from the path of adequate growth and development to the correction of past problems or difficulties brought to their attention while residing in therapeutic environments. Such efforts may contribute little to the enhancement of their current capacities for growth and development and may simply work to divert attention away from the exercise of existing capacities.

Without belaboring the point, we suggest that community-oriented institutional care may represent the least detrimental placement for many dependent and neglected children.

Community-oriented care, as we have outlined it, seeks to assist each child in attaining or maintaining the skills needed for getting on adequately in the world at large. For many dependent and neglected children this may well be more pertinent to the promotion of growth and development than the individualized love and affection a child is presumed to get in a foster home, or the higher level of self awareness and insight a child is presumed to achieve through exposure to a therapeutic milieu.

The list of competencies a child might need--or find useful--in understanding and coping with the world in which he is growing up is seemingly endless.

The list can be narrowed considerably if we limit our search to identifying those capacities and skills necessary to adequate performance. In other words, what minimum set of competencies would reasonably assure that a child having a decent living arrangement in his community would be able to handle his life experiences in a personally satisfying and socially non-deviant manner.

In our view, there are three necessary--if not always sufficient--competencies that a child must bring to his daily life experiences to utilize them beneficially, as listed in Diagram 1-2:

Diagram 1-2

Essential Child Competencies for Adequate Community Living

Cognitive → Verbal learning performance ability
Social → Task and Social relations competence
Affective → A sense of self direction in daily life activities

Rationale

A primary reason for selecting these competencies is that the literature identifies them as among the more important child capacities thought to be negatively effected by institutionalization.

Existing studies show mixed results relative to the effects of institutionalization upon overall child intelligence. Some studies, particularly those involving retarded children indicate that institutionalization may have a detrimental effect on intellectual growth (Holland) while other studies of presumed intellectually adequate children, such as Wolin's (1969), show little difference in functioning between the institutionalized and noninstitutionalized.

Perhaps, as Zigler (1973) has suggested, the magnitude of the impact of compensatory programs on child intelligence may be over emphasized simply because we have concentrated our research largely on cognitive effects to the neglect of motivational and emotional factors.[1]

On the other hand, it is hard to see how a child can get along well in his own community without attaining some reasonable level of learning and communication skills. As Dr. Glennan, Director of the National Institute of Education, pointed out in supporting the priority on such skills set by him for the NIE, "...reading and skills in communication are crucial for success in society" (DHEW Newsletter, 1974, p.4).

After weighing such evidence and opinions, we concluded that the minimum cognitive skills needed for adequate community living are those related to understanding and appropriately using verbal language. A child capable of reading with understanding and using words knowledgeably is a child capable of communicating his views, grasping those of others and negotiating experience cognitively.

Social and task skills are also frequently reasoned to be negatively effected by institutionalization. The learning experience in an institutional environment may deviate so much from community life experiences as to ill equip a child for his return to community living. The Bellefaire follow-up study (Allerhand, et al, 1966) showed rather clearly, for example, that degree of institutional adjustment was non-predicative of success or failure of children subsequent to their return to community living.

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[1] Dr. Zigler was referring specifically to the Head Start program; however, we believe the point to be broadly applicable to research in many areas of program effects upon children.

Others have reasoned that the institutional environment induces fear and suspicion of adults and a reluctance to interact and develop adult-child relationships (Yarrow, 1961). Similarly, Polsky (1962) has described the development of peer relationships in an institution which differ in degree if not in kind from those a child might be involved in living in his own community.

Turning things around, it would seem essential to adequate community living that a child know how to do the things his age mates can do and to negotiate peer and adult relationships within at least minimally acceptable social limits.

Finally, the literature is loaded with theory and illustrations of the negative consequences of institutionalization on the affective side of a child's life (Jaffee, 1969; Seidl, 1972; Holland, 1973).

In general, these works suggest that institutionalization yields demoralization and social apathy (Shyne, 1973, pp.113ff). This sense of detachment from one's own daily-life experiences could hardly bode well for coping with the complexities of community living.

From an affective standpoint, a child needs to feel that his involvement in his own life experiences makes a difference in their direction and outcome. Without this sense of involvement it is less likely that the child will enter into give and take, trial and error, and other risk-taking behavior often enough or intensively enough to promote his own growth and development.

In sum, what we have presented are what we believe to be the essential cognitive, social, and affective competencies necessary for adequate community living.

These competencies have been converted in this study to relatively modest--and therefore attainable--outcome goals against which institutional effectiveness in terms of impact on resident children has been evaluated.

On the one hand, the literature identifies these competencies as among the most fundamental to child growth and development, while on the other hand, it suggests that institutionalization may seriously impede their attainment.

Part 2: The Design of Experimental Change Projects to Evaluate Institutional Responsiveness to External Change Stimuli

Because institutions for dependent and neglected children have been frequently accused of being oblivious to changing community needs for children's services (Fink, 1971), we set for ourselves a second task, that of assessing institutional responsiveness to changing external conditions and service demands.

We were under no illusions that this would be an easy undertaking. We agreed then, as we do now, with Ohlin's observation that, "It is obviously much easier for proponents of change to chart new directions for the residential treatment field than it is to implement them in practice" (Ohlin, 1973, p.194).

Our job was made more difficult by several additional constraints, some self imposed and some stemming from limitations of research resources.

First, we were committed to evaluating community-oriented care which committed us to try to change children's institutions toward a closer approximation of the community-oriented model of service delivery.

Secondly, we decided to utilize Institute personnel in an effort to induce institutional change in order to retain maximum control over the implementation and evaluation processes.

Thirdly, to enhance the evaluation of the degree of institutional change produced by our external efforts, we sought to conduct this phase of the research in conformity with as many of the canons of classical experimental research methodology as possible.

All of this was to be done, as will be discussed later, within a one year time period with a large sample of voluntarily funded children's institutions.

In short, we entered the field seeking the voluntary agreement of a large number of children's institutions to be assigned to one of several year long efforts aimed at changing them in a community-oriented direction.

Selecting Change Strategies: Matching External Change Mechanisms and Sources of Change Initiative

The major tasks to be dealt with were the identification of external change strategies that met our research criteria, and the operationalization of the role of Institute personnel governing their conduct in carrying out the strategies in the field.

The vast literature on social change provided a starting point in the search for external strategies for inducing change in children's institutions.[1] Although there are nearly as many theories of social change as theorists, social change is not as Bertram Brown once lamented, "...an undefined concept applied to multidimensional phenomena with inadequate techniques for measurement" (Coelho and Rubinstein, 1972, p. vii).

The problem was not one of vagueness, but rather one of extracting promising external change mechanisms from a multitude of theories dealing with social change in social movements, organizations, and small groups.

On the one hand, theorists concerned with the social determinants of human behavior have tried to reduce broad social theories for use in understanding the dimensions and dynamics of organizations. On the other hand, those concerned with the role of the individual in social change have tried to extrapolate from personality and small group theory in developing models of organizational behavior.[2]

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[1] The development of material in this section owes a considerable debt to Dr. Fredrick W. Seidl, who prepared a position paper on the subject titled, "A Strategy for Change in Residential Care", Mimeo, 1972, 24 pp., while serving as a consultant to the research program.

[2] For a comprehensive review of the literature from both perspectives see Mouzelis, 1967.

By a process that can at best be described as "muddling through",[1] we identified seven mechanisms that seemed to be the most frequently mentioned in the literature as being capable of inducing organizational change from the outside.

Coincidentally, an effort was made to identify and classify the major sources of initiative in the organizational change process, both internal and external.

The results of these searches are presented in outline form in Diagram 1-3 followed by our rationale for selecting among the mechanisms and sources of initiative in shaping the external change strategies we utilized.

(Insert Diagram 1-3)

Selection Rationale

Four criteria were laid down as guidelines in selecting among change mechanisms for purposes of creating change strategies, as follow:

1. A mechanism must be nonviolent and legal;
2. A mechanism must be manipulatible within our command of resources;
3. A mechanism must be capable of replication and/or general transferability to practice; and,
4. A mechanism must be supportive of our change goals and consistent with our research commitments and approach.

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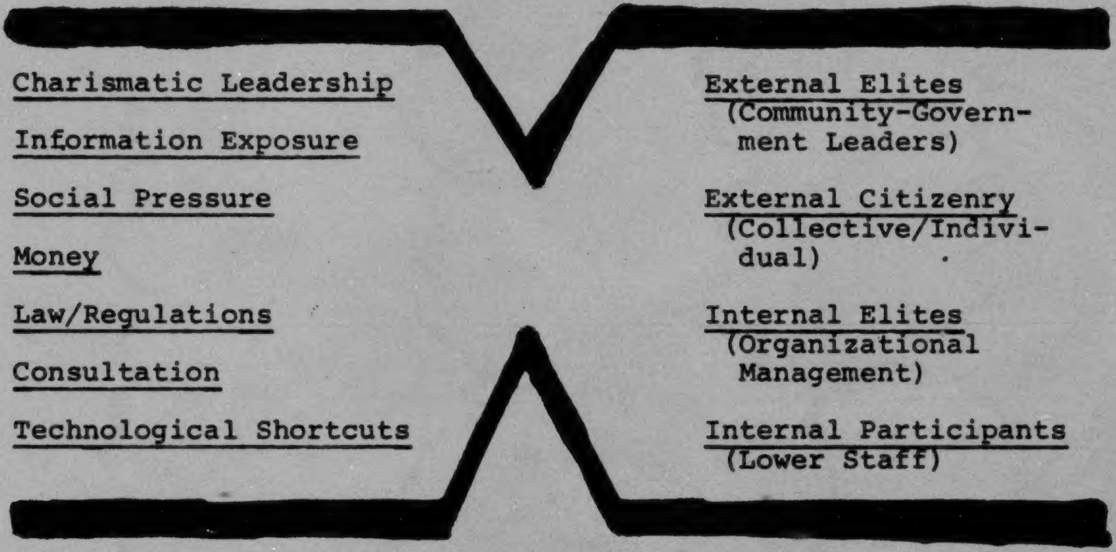
[1] We can only hope that our efforts reflect Laurence Lynn's definition of muddling through as, "...doing the hard work of researching, evaluating, experimenting, advocating, and negotiating, but doing it as well and as thoughtfully as we can." as quoted by H. A. Davis and Susan Salisin in "Shortfall: What Next for the Evaluation?" Evaluation, Spring, 1974, p.59.

Diagram 1-3

Change Mechanisms and Sources of Initiative: Components of External Strategies for Organizational Change



Change Mechanisms

Charismatic Leadership

Information Exposure

Social Pressure

Money

Law/Regulations

Consultation

Technological Shortcuts

Sources of Initiative

External Elites (Community-Government Leaders)

External Citizenry (Collective/Individual)

Internal Elites (Organizational Management)

Internal Participants (Lower Staff)

Charismatic Leadership as a mechanism was ruled out as failing to meet criterion 3. While there is general acknowledgment that relatively unique, gifted individuals can move events--and organizations--the technology for identifying and hiring such persons for research work and later training others to perform such work in general practice does not exist.

Both Money and Law/Regulations are clearly mechanisms that can change organizations from without. Both, however, were beyond our means to command or manipulate and, therefore, were dismissed as failing to meet criterion 2.

We recognized that much of what we currently know about organizational change derives from *in vivo* studies or *ex post facto* evaluations of organizational responses to financial or legal changes in their environments (Levine and White, 1961; Breer and Locke, 1965; Greenblatt, 1971; Lyden and Lee, 1973).

Also, we became aware in the course of our work of the considerable leverage in existing legal, regulatory, and financial mechanisms for changing children's institutions.

Some voluntary institutions that we worked with, for example, were highly vulnerable from the standpoint of service demands imbedded in state licensing standards that were upgraded during the time our work was underway. Also, state per diem payments for resident child support could have been utilized to change reluctant institutions (Ga. Dept. of Human Resources, 1973).

Other institutions were concerned with a Federal lawsuit initiated in Alabama that had implications--depending on the nature of the outcome--for loss of tax exempt status for failure to comply with the Civil Rights Act and Federal Affirmitive Action programs (Player vs Alabama, 1972).

Still others were worried about whether the Federal Fair Employment Practices Act applied to their institutions since they feared that were they required to pay minimum wages to cottage life personnel they would have to make radical changes in programming and staffing (U.S. Dept. of Labor, 1971).

While these mechanisms--and others--were available to action oriented citizens and public officials they were beyond our means to manipulate. The best we could have done would be to have evaluated how their use by others turned out, but such an approach fell far short of our research aims.

Technological Shortcuts often impact organizations causing them to change. The term itself means physical or biological (as opposed to psychological or social) inventions that, "...derive their efficiency not from reorganization, but from the replacement of human services in the handling of social problems" (Etgioni and Remp, 1972, p.31).

The example of birth control devices will suffice to illustrate what is meant here. The utilization of a variety of these devices has been demonstrated effective in reducing the social problems of unwanted pregnancies. In the process, these devices have in some measure replaced the more costly and less efficient psychosocial mechanisms of counseling individuals to achieve the same result.

At present, however, we know of no technological shortcut for replacing current psychosocial approaches to the field of substitute care for children. As such, this mechanism for organizational change was not applicable.

Finally, Consultation was ruled out as not meeting criterion 4. In general, the consultation process follows the course of experts being invited into an organization to provide insights helpful in resolving organizationally acknowledged problems (E. M. Glaser, 1974). Our approach deviated substantially from this pattern in that we solicited the participation of institutions--many of which saw no problem in their current modes of operation--and actively attempted to implement a model of service delivery of our own construction.

While the abiding aim was to benefit all participating institutions, our efforts were tailored to benefit them consistent with our goals. Thus, in no way can our efforts be interpreted to be a test of the responsiveness of children's institutions to the impact of expert consultation.

This process of elimination left us with two commonly utilized mechanisms for organizational change, namely, Information Exposure and Social Pressure.

The information exposure mechanism was dealt with rather easily since all participating children's institutions were to be exposed to a detailed description of the goals and methods of community-oriented care covering all 14 components of our model.

The social pressure mechanism caused us to deliberate upon the various combinations of sources of initiative that could be utilized in conjunction with information exposure to form distinct, manipulatible, and feasible external change strategies to test institutional responsiveness.

Three external change strategies were formalized and developed for use along lines commonly utilized in real life communities to produce social and/or organizational change, as shown in Diagram 1-4, and discussed thereafter.

(Insert Diagram 1-4)

The essential standard we utilized in settling on the three combinations of sources of initiative was whether there

Diagram 1-4

Three External Change Strategies for Inducing Change in Children's Institutions Toward Community-Oriented Care

	Change Mechanisms: Information Exposure	and Social Pressure	Adopted External Change Strategy
I.	Model of Community-Oriented Institutional Care	Internal Elites Internal Participants	Staff Development
II.	Model of Community-Oriented Institutional Care	External Elites Internal Elites	Series of Community Leader/Institutional Director Group Sessions
III.	Model of Community-Oriented Institutional Care	External Elites External Citizenry Internal Elites	Social Sponsorship by Detached Unit of Research Institute Personnel

was a common means in real life communities that a given combination of sources might use to bring about organizational changes.

In our view, one set of combinations involving internal staff and external elites and/or external citizenry (sets 8, 9, 10 in Diagram 1-5) did not meet this standard. What, we asked, was the common means used by organizational staff coming together with external individuals and groups to achieve organizational change, totally exclusive of the involvement of organizational management?

One common means would be unionization which could be employed as an external change strategy. However intriguing this option is in theory, the prospects of operationalizing and utilizing this strategy with children's institutions within our time constraints seemed beyond the realm of the possible.[1]

Other combinations involving internal sources and one external source were ruled out as lacking sufficient distinctiveness for formulating a strategy clearly different from others selected for use (sets 3, 4, 5).

Finally, incorporating all four sources of initiative in a single external change strategy (set 7), was viewed as unwieldy for research purposes, and utilizing external sources alone (set 11) was considered to be too detached from the affairs of children's institutions to yield any measurable consequences over the short span of one year.

Diagram 1-5 displays all possible combinations of the four sources of initiative with those selected for use set off in boxes.[2]

Diagram 1-5

All Possible Combinations of 4 Sources of Change Initiative and the $\boxed{3}$ Selected for Use

Sets	1	2	3	4	5	6	7	8	9	10	11
	IE IP	IE EE	IE EC	IE IP EE	IE IP EC	IE EE EC	IE IP EE EC	IP EE EC	IP EE	IP EC	EE EC

Key:
IE = Internal Elites
IP = Internal Participants
EE = External Elites
EC = External Citizenry

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[1] A movement in this direction is being stimulated at the Institute of Child Mental Health in New York City under the leadership of Dr. Jerome Beker.

[2] All possible combinations (n=11) were arrived at by use of the formula $\binom{n}{n_1} \frac{n\,!}{r!\,(n-r)!}$, for combination of $\binom{4}{2}=6$, $\binom{4}{3}=4$, $\binom{4}{4}=1$.

Each of the three selected combinations of sources of initiative is frequently brought into play in the process of inducing change in organizations in real life communities through generally identifiable but different strategies.

If we view the model of community-oriented institutional care as a modest, eclectic "social invention" (Coleman, 1970), we can conceive of internal management and staff being brought together in a staff development enterprise for purposes of evaluation and implementation.

It is also quite conceivable that community leaders in child welfare and institutional directors might come together for a series of meetings for the same purpose.

Finally, in these times of social activism, it is possible that an independent group or organization in a community might undertake the sponsorship of this invention bringing it to the attention of the public as well as community and institutional leaders in an effort to spearhead a general community movement toward implementation.

These are the three relatively distinct external change strategies we sought to bring into play in three different communities, each having several children's institutions, over a year's time.

The Uniform Content Agenda and the Role of Institute Staff in Carrying Out the External Change Strategies

There is relatively broad agreement that the organizational change process moves in steps from evaluation through initiation, implementation, and finally to routinization (Hage and Aiken, 1970).

The primary role of Institute staff using all three external change strategies was that of a catalyst in introducing the evaluation phase, bringing closure to that phase followed by presentation of clearly formulated, feasible recommendations for change, and providing carefully delineated technical assistance to children's institutions to facilitate initiation of such recommendations. Follow-up evaluations served to determine the extent to which each institution carried out changes started during the life of the three projects.

A uniform content focused on community-oriented institutional care was introduced in time limited phases in conjunction with each of the three external change strategies to promote self evaluation and subsequently closure on change commitments.

The 14 part community-oriented model of institutional care was reworked into a six part content agenda incorporating change goals and specific study areas to guide Institute personnel and community-institutional participants. No more than eight weeks was given over to any part of the agenda described in its entirety in the following outline.

OUTLINE OF THE UNIFORM CONTENT AGENDA USED WITH ALL THREE EXTERNAL CHANGE STRATEGIES

EXTERNAL DIMENSION: MEETING COMMUNITY NEED

Part 1: Defining Service Needs and Goals

Goal Directions:

- -- Higher community involvement in institutional goal setting;
- -- More staff involvement in community child service system planning;
- -- Elimination of policy barriers to serving the difficult child;
- -- Improved child flow management.

Study Areas:

- -- Review who presently defines which children will be served by institutions.
- -- Examine appropriate roles for various agencies/individuals (including parents) in defining who should be served.
- -- Explore what the role of the institution is now and should be in informing the community about its goals/purposes/services.
- -- Evaluate the contribution institutions now make to planning community children's services and defining their place in the service system and what it should be.

Part 2: The Processing of Service Needs

Goal Directions:

- -- More staff provision of nonresident services;
- -- More community provision of resident services;
- -- Greater use of on-grounds facilities/equipment by nonresidents;
- -- Increased engagement of visitors as supporters of program.

Study Areas:

- -- Review present patterns of child flow, including pattern of reliance on certain referral and replacement resources, problems of waiting lists and vacancies, relationship between a balance of admissions/releases and the length of time children are in residence.
- -- Examine present admissions procedures and policies and how they effect child flow, public image, and community/institution service relationships.
- -- Evaluate present pattern of direct service collaboration between institutions and community, including present services provided by institutions such as case consultation, referral, etc., and present paid and voluntary services provided by community residents.

Part 3: Adapting to New Service Needs

Goal Directions:

-- Movement toward day services/day care services;
-- Movement toward short term/temporary/crisis services;
-- Movement toward decentralized services;
-- Movement toward greater coordination of services and new linkages with community, especially re: admissions/replacement.

Study Areas:

-- Review changes and developments in the community that are producing greater needs for present services as well as needs for new services.
-- Identify types of new or innovative child services, needs for expansion, evaluate role of institutions in community planning to meet these needs and role of institutions in actually providing new or expanded services.

INTERNAL DIMENSION: PREPARING RESIDENTS FOR COMMUNITY RETURN

Part 4: Preparing through Institutional Program Experience

Goal Directions:

- -- Movement toward decentralizing on-grounds live/eat facilities;
- -- Increased resident participation in community under community supervision;
- -- Movement toward reduction in child stigmatizing practices.

Study Areas:

The Institutional program shapes the daily life experiences of resident children. How closely do these experiences approximate those children receive at home in the community?

- -- Analyze the importance of various patterns of on-grounds living/eating arrangements for the child.
- -- Review comprehensiveness of on-grounds educational recreational, social, therapeutic programs, how the presence or absence of same shape life experiences, especially in terms of influencing the rate of participation of children in community activities.
- -- Examine practices that may serve to stigmatize or label children as being different, undesirable, etc. by virtue of being institutionalized and evaluate how such practices may shut residents out of important life experiences among friends and/or in community.

Part 5: Preparing through Child Decision-Making Involvement

Goal Directions:

- -- Movement toward greater sharing of daily life decision-making responsibility with residents consistent with age/maturity levels;
- -- Movement toward single system of rules/regulations governing on-grounds/community behavior;
- -- Movement toward decentralization of final authority;
- -- Movement toward improved rewards/discipline system tied to resident decision-making.

Study Areas:

How much responsibility a child is given in influencing decisions governing his daily life and the methods of rewarding/disciplining behavior are also crucial factors in shaping his life experiences while in residence. Together they make important contributions to the growth or retardation of a child's sense of accomplishment and self worth, and his sense of responsibility and fair play.

- -- Determine degree of uniformity or existence of dual systems of rules governing on-grounds and community behavior of residents.
- -- Examine current decision-making patterns and methods, their rationales, and possible effects.
- -- Review practices related to the provision of rewards and discipline, who carries out, and rationales for same.

Part 6: Preparing Relative to Replacement Planning/ Follow-up Services

Goal Directions:

-- Movement toward formalized case planning from admission and on-going contact with replacement source (Parent/Agency);
-- Movement toward increased resident participation in assessment/replacement process;
-- Movement toward improved search/evaluation procedures, and creation of new services (e.g., trial placement visits);
-- Movement toward increased assistance to child in community following replacement.

Study Areas:

-- Review replacement planning/follow-up services procedures and methods for carrying out same, importance for children and value to institution as a device to obtain feedback on service effectiveness.
-- Identify and evaluate potential community resources (including parents) for assisting in carrying out these activities.

In our view the role of Institute personnel most closely approximated that of community planners, administrators, and/or other officials who face the problems of how to induce change toward better--or at least different--service approaches in a component of a service network from the outside under conditions of severly limited resources (e.g., money, authority, technical knowledge).

The leaders of each of the three projects were attended on nearly all occasions by a staff assistant who served to process record all engagements with community/institutional participants and to cross check the accuracy of each project leader's observations.

The project leaders were also required to keep a technical assistance log in which the time, number, and nature of technical assistance acts by Institute personnel were recorded.

This log served to keep all personnel in touch with our essential guideline that technical assistance in no case would be provided as a substitute for or in duplication of efforts community/institutional participants could carry out themselves.

Since the nature of technical assistance varied somewhat depending on the type of external change strategy being implemented, the limits imposed on such activity differed as noted in the description of each project in the next section.

A Description of the Basic Process in the Three Experimental Change Projects

Project I: Staff Development Strategy

Location: Atlanta, Georgia

Target Group: 6 voluntarily funded institutions for dependent/neglected children

Project Staff: Leader - Elisabeth Schaub, DSW
Assistant - Deborah Newton, MSW

Project Goal: Stimulate institutional change in a community-oriented direction through a one year staff development program involving time sequenced introduction of the Uniform Content Agenda with internal elites (institutional directors) and internal participants (lower staff) of the target group.

Basic Process

Introductory interviews were held with the directors of all six institutions during which the goals and methods of the project were fully disclosed by the Project Leader. The content of the staff development approach was outlined and commitments to a one year involvement were solicited and obtained, following board review in most instances.

During the first six months of this project the Internal Dimension of the Uniform Content Agenda dealing with preparing residents for return to community was introduced to the combined lower staffs of all six institutions. Six sessions were held in the Atlanta area attended by from 56 to 87 cottage life and social service personnel.

These mass sessions were co-instructed by the Project Leader and an acknowledged expert on the internal phases of residential care hired specifically for these tasks,[1] and conducted on a rotational basis at each of the six participating institutions.

All of these sessions were formally organized and utilized audio-visual aids (films and tapes demonstrating service problems correctible by community-oriented approaches), prepared bibliographies and assigned reading materials.

Two meetings were given over to each of the three parts of the content on the Internal Dimension of the agenda. After each presentation, small discussion groups were formed and change recommendations were solicited from the groups.

Additionally, as assignments, each participant was asked to go back to his or her institution and implement one or more of the change recommendations on a trial basis, evaluate the success of this enterprise and feedback the results to participants at the next session.

In between these general sessions, the Project Leader met with the staffs of each institution for the purpose of demonstrating the appliability of the information conveyed in general sessions to specific institutional settings.

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[1] Mrs. Bess L. Bell, MSW, Tallahassee, Florida, a child welfare consultant in private practice performed these duties and jointly prepared a great deal of the material used in these sessions.

At the end of the sixth session, a full review was conducted and the entire participant group drew up a list of recommendations for changes in internal programming, some to be presented to institutional directors for action, and some to be acted upon by lower staff members themselves.

These recommendations served as the content for a joint session between all lower staff and the directors and other administrative personnel of the six institutions. The outcome of this meeting was the public commitment of institutional directors to undertake changes on a number of matters.

The remaining six months were given over to a series of eight meetings with institutional directors and other administrative personnel on the three parts of the External Dimension of the Uniform Content Agenda.

These meetings were also conducted in a formal instructional manner by the Project Leader. They were supplimented by four sessions led by outside experts and at least two additional meetings between the Project Leader and each institutional director.

At the end of this phase of the work an evaluation session was once again held for the purpose of producing recommendations for institutional changes in the external phase of program, some of which were to be carried out collaboratively and some individually by institutional directors.

Without going into detail, the staff development program was designed to utilize the best available technology in the field of staff development to maximize the effect of this approach.

Devices such as audio-visual aids, small group discussions, formal feedback/evaluation mechanisms, closure with recommendations for action, use of instructors having special knowledge, and meeting with individual institutional staffs to increase the relevance of the instructional content were all utilized in a premeditated fashion to serve this end.

Technical assistance in this project was limited solely to activities consistent with the basic instructional role. The Project Leader could, upon request, locate and provide additional information and materials and counsel on their use, but she could not actively enter into coordinating change activities between or within institutions, or participate directly in setting up pilot, demonstration, trial or other types of change efforts.

Project II: Community-Leader/Institutional Director Group Sessions

Location: Macon, Georgia

Target Group: 5 voluntarily funded institutions for dependent/neglected children

Project Staff: Leader - William Gardner, Ph.D.
Assistant - Barbara Fargason Epting, BA

Project Goal: Stimulate institutional change in a community-oriented direction through a one year series of group meetings between external elites (community leaders) and internal elites (institutional directors) involving the time sequenced introduction of the Uniform Content Agenda.

Basic Process

Two objectives were sought in the introductory phase of this project. First, commitments to the year long series of group meetings were solicited from institutional directors in the locality. Secondly, the project leader obtained an office site in the local 4-C's operation to facilitate on-site communication with participants on an as needed basis.[1]

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[1] This approach proved unnecessary. Early in the project's life participants took to calling the project leader at his office at the Research Institute in Athens on the toll free WATS line. Since the Project Leader could make the 140 mile round trip to Macon by auto whenever needed, we found this communication link to be as good as having a local number available to participants.

The basic procedure was to introduce the six parts of the Uniform Content Agenda in the group meeting context, giving no more than 6 to 8 weeks to any single part of the agenda.

The Project Leader was responsible for scheduling group meetings, focusing group attention upon appropriate content, facilitating discussion, obtaining guest (community leader) participants, and bringing the group to closure on change recommendations at the designated termination point for discussion on a given part of the content agenda.

The general approach to scheduling group meetings was to have the Project Leader hold an opening meeting with institutional directors during which he introduced detailed material describing the components of the part of the agenda to be focused upon.

In the discussion that followed, the Project Leader aided participants in identifying changes that could be made in individual institutions, those requiring collaboration among several directors present, and/or those requiring collaboration with community agencies and officials.

If closure was achieved at this first meeting the Project Leader would obtain the names of community leaders whose participation would be helpful to planning and initiating changes. These individuals would be invited to attend the next group meeting at which time the Project Leader would point participants toward joint planning and change commitments.

If closure was not achieved by the end of the first group meeting on a particular part of the agenda, a second meeting of institutional directors was arranged specifically for this purpose prior to involving community leaders.

On the average, this process yielded between 4 and 6 group meetings over the 6 to 8 weeks allotted to each of the six parts of the Uniform Content Agenda.

Over a year's time, the institutional directors were involved as a group with the local juvenile court judge and court placement officials, the county welfare department director, the director of the local Family Service agency, the area office of the U.S. Department of Labor, state licensing officials, officials of the local vocational-technical school, several directors of institutions in other parts of the state who served as experts on particular content matters, and the local Board of County Commissioners.

Several of these sources were engaged with the institutional directors on a repeated basis over the life of the project.

In between the scheduled group meetings, the Project Leader met on an as needed basis with individual institutional directors and community leaders, primarily for the purposes of increasing the relevance and focus of the content under consideration and to provide a liaison between all parties.

Technical assistance in this project was primarily conducted through these individual contacts and was limited to what we felt to be consistent with the role of a group leader.

The Project Leader was allowed to convey information between parties, contact outside resource persons at the request of participants to obtain information, coordinate meetings between parties additional to the group meetings themselves, and provide advice on how to operationalize commitments to institutional/community changes.

Broad latitude in coordination of activities distinguished technical assistance in this project from that allowed in the staff development project. In both projects, however, the Project Leaders were prohibited from engaging in the direct conduct of pilot or other time limited demonstrations of tests of change recommendations arrived at by the group.

Project III: Social Sponsorship by a Detached Staff Unit

Location: Savannah, Georgia

Target Group: 5 voluntarily funded institutions for dependent/neglected children. (Subsequently expanded to cover 6 institutions)

Project Staff: Leader - Julius Hornstein, MSW
Assistants - Jesse Cooper, BA
Judy Daly, BA
R. D. Kent, BA
Judy Benton, BA (Secretarial)

Project Goal: Stimulate institutional change in community-oriented direction through a year long effort to engage segments of the public (external citizenry), community leaders in child welfare services (external elites), and institutional directors (internal elites) in a process of examining issues and needed changes in the community-service delivery system.

Basic Process

The initial tasks facing the Project Leader were those of locating rent free office accommodations, hiring and training a small staff of personnel in project content and methodology, and gaining community-wide visibility for the Social Sponsorship Unit.

Excellent office space was obtained from United Community Services, the local Red Feather agency, and substantial visibility was achieved through a front page interview with the Project Leader covering the Unit's goals and methods that appeared in the local press just prior to the beginning of the Unit's work.

In order to maximize the Unit's independence from its parent Research Institute, it was provided its own budget, letterhead stationery and similar symbols of a discrete organization. Research Institute personnel were utilized in backup roles primarily in the areas of data analysis and editorial work related to the reports issued by the Unit over time.

Personnel hired into the Unit as assistants had no professional training and no experience in the type of work ultimately engaged in by the Unit. We purposely sought out such personnel because it was felt that they more closely approximated the type of personnel that would be available for this type of venture in an average community than would a staff of highly trained professionals.

All assistants received roughly two weeks of indoctrination in the Unit's purposes and methods prior to undertaking their assignments including two separate day long seminars with Research Institute personnel.

Coincident with these activities, the Project Leader obtained commitments from all local children's institutions to participate in the venture and arranged to speak before several local civic clubs to explain the Unit's mission.

The Unit was set up to mobilize a broad community of interest to implement the goals of community-oriented institutional care. Over its one year life the Unit directly engaged 29 community agencies and interest groups--many on a repetitive basis--in addition to a total of 6 local children's institutions.

Under the direction of the Project Leader, Unit staff engaged in three principle types of activities, namely investigative analyses of community services, implementing time limited innovations in service delivery methods, and disseminating information to increase public awareness.

A work plan was adopted that gave over the first six months of the Unit's life to investigating the three parts of the Uniform Content Agenda most germane to broad community interests, namely, those dealing with Defining Community Need (Part 1), New Service Needs (Part 3), and Replacement Planning/ Follow-Up Services (Part 6).

An eight week period was allocated to each of these three parts in succession. Staff were assigned to collect data, conduct interviews, and gather pertinent materials and observations which culminated in research reports complete with recommendations for community-oriented changes.

The Project Leader was responsible for preparing the reports, and issuing them to a wide community audience. Additionally, he arranged meetings comprised of a cross section of officials, institutional directors and others to discuss the recommendations and saw to it that the contents of the reports appeared in the local press where appropriate.

After these efforts were well underway, planning began under the Project Leader's direction toward selecting pertinent service delivery issues that could be developed into innovations capable of demonstration by Unit staff.

The object here was to show the way in demonstrating that change could be rather swiftly and successfully undertaken within the community utilizing existing resources.

Part 2 (Processing of Service Needs), Part 4 (Institutional Program Experience), and Part 5 (Child Decision-Making Involvement) of the Uniform Content Agenda were utilized as being most readily addressable in the short-term demonstration format.

The substantial feedback obtained by the Unit in its investigative work was utilized to identify the more pressing needs in the community that could be alleviated by a more community-oriented approach. These needs were isolated and demonstration approaches were settled upon.

In addressing Part 2 of the content agenda, the Unit developed a comprehensive approach to managing child flow that offered the services of the Unit for a designated period of six months as a centralized communications hub for referring children's service agencies and receiving institutions.

It was proposed that the Unit monitor bed vacancies, cut down on duplicate and "shot gun" referrals to institutions, inform referring agencies of institutional admissions criteria and the like, and, during this time work with participants to set up an operation that would continue after the Unit itself was terminated.

The Unit developed and worked to implement a volunteer program to expand institutional use of community resources in addressing Part 4 of the agenda. In this case, students from two local universities were solicited through their undergraduate social work departments for general purpose and specialized (i.e., tutorial) volunteer work in children's institutions.

Planning and initiation phases of these demonstration efforts were held to eight weeks each, although Unit personnel were committed to supportive and technical assistance efforts throughout the remainder of the Unit's life (roughly six months). Again, these demonstration efforts were given high public visibility through the Project Leader's contacts with the local press and civic groups.

Consistent with the design of the other projects, evaluations were conducted following the termination of the Unit to assess the degree of responsiveness of local children's institutions to these change initiatives.

It should be noted here that we did not complete the work plan in its entirety, partly, perhaps, because of the Unit's success in achieving community visibility.

We did not complete the follow-up study of released children or a demonstration involving community-oriented modifications of institutional decision-making processes.[1]

Our plan called for both of these efforts to be completed during the second six months of the Unit's life. We found, however, that by that point in time the Unit was getting a large number of calls for technical assistance and other requests for guidance in modifying services from a wide variety of child welfare agencies and interest groups in the community.

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[1] The basic problems with the follow-up study were the enormous costs relative to staff time and money. Even though this study was limited to evaluating the adjustments of former residents placed in the Savannah area, only 25 evaluations were completed over a 6 month period out of a potential sample in excess of 100. The cycle of case finding-failure to comply-repeated call backs-refusals-relocations-case finding, etc., resulted in an estimated cost of 155.00 per evaluation causing us to shut down this venture.

We could not justify ignoring this heavy demand entirely, and we modified the work plan to incorporate some of the efforts we were making with these agencies as short-term demonstrations. Nevertheless, in no case did we undertake any work with a community agency or institution that deviated from the community-oriented goals stipulated in the Uniform Content Agenda.

In sum, this relatively complex enterprise represented an attempt to establish a unit of personnel with relatively high independence to perform investigative, demonstration and public awareness work for the purpose of sponsoring and promoting community-oriented institutional care.

Consistent with this overall role, the Social Sponsorship Unit was allowed to provide technical assistance in matters of setting up and demonstrating the feasibility of recommended changes in service delivery methods in addition to fulfilling requests for assistance of an informational and/or coordinative nature.

As in all other projects, a complete technical assistance log was kept, and a full set of internal weekly reports on Unit activity were prepared and maintained by the Project Leader.

Comparison of the Three Projects: Similarities and Differences

We have gone on at some length in discussing the bases for selecting external change strategies and outlining the essential components of the three projects we set in motion to utilize them.

Our problem from the beginning was one of trying to create projects using three distinctly different external change strategies that were as close as possible to real-life circumstances and yet sufficiently organized and planned to allow accurate assessments and meaningful comparative evaluations.

Clearly, we sacrificed research design considerations in our efforts to simulate real-life circumstances. The three projects differ in terms of the combinations of sources of initiative utilized and the strategies we adopted to induce change.

Maximum control over the implementation of three projects would have required holding one or the other of these factors constant.

In short, we could have used staff development (or one of the other strategies) in three projects utilizing differing combinations of sources of initiative, or all three approaches holding sources of initiative constant.[1]

To do this, however, would have removed some of the projects from real-life circumstances. For example, how often is staff development utilized to mobilize a combination of public opinion, community leaders, and institutional directors?

What we attempted to do was to match a particular combination of sources of initiative with a strategy commonly utilized to mobilize that combination in communities and organizations in our efforts to induce change.

We believe that treating each combination of sources of initiative and the strategy we associated with it as a whole unit better fits real-life situations and aids in the transferablity of our findings to use in real-life practice.

At the same time, we concede that doing so makes it more difficult in a technical sense to precisely extract whether it was the particular combination of sources of initiative, the strategy used, or both in combination that produced the degree of institutional change we recorded in our data.

These are the important differences between the three projects. They were all similar in that they were conducted by Research Institute personnel, were identical in goal structure, imparted similar informational content in time limited segments, were conducted in metropolitan settings, and were one year undertakings that began and ended at the same points in time.

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[1] It would be possible, of course, to draw up a 3 by 3 design that would have employed all approaches with each combination of sources of influence, or, in total, nine different projects.

Summary of Basic Research Questions

This chapter has outlined our thinking and decisions about assessing the effectiveness of children's institutions relative to their impact on resident populations and their responsiveness to external change stimuli.

The concept of community-oriented institutional care was discussed and child competencies for adequate community living were identified.

In addition, three external change strategies were set forth and the three experimental projects within which they were operationalized were described in detail.

As a body, these materials present the conceptual framework within which the basic research questions were addressed.

The questions, as we dealt with them, were as follows:

Research Questions Regarding Institutional Impacts on Resident Children

1. Is the institutional experience generally ineffective, in the sense that it inhibits or otherwise distorts the growth and development of competencies needed for community living among residents?
2. Is community-oriented care more effective than its custodial alternative in preparing residents for a return to adequate living in their own communities?

Research Questions Regarding Institutional Responsiveness to External Change Strategies

1. How do the three external change strategies effect the rate, type and nature of induced changes in institutions?
2. What effect, if any, does level of community-orientedness in existing institutional modes of operations have upon the rate, type and nature of changes undertaken by institutions exposed to the experimental projects?

Research Questions Regarding the Impact of Staff Service Orientations on Institutional Effectiveness

1. What is the nature of the differences in staff service orientations, if any, comparing between community-oriented and custodial institutions?

2. To what extent and in what ways do staff service orientations effect the impact institutions have upon residents and institutional change rates?

CHAPTER II

RESEARCH METHODOLOGY

Overview

A research design is simply a work plan purposely fitted to the conceptual limits of a study to address the questions for which answers are sought.

This Chapter provides a detailed discussion of the research design, sample characteristics, and measurement methods and instruments employed in the conduct of the research program.

Throughout the Chapter remarks on the shortcomings of the design and information on the reliability/validity of the instruments utilized are included to provide perspective on the adequacy and limitations of the research approach and the findings it yielded.[1]

Four parallel yet interwoven lines of work were carried out relative to baselining children's institutions, measuring resident and nonresident child competencies, measuring institutional staff orientations and conducting the experiments in institutional change as illustrated in Diagram 2-1.

(Insert Diagram 2-1)

In sum, the primary objectives to be accomplished were the establishment of an informational baseline on institutions, institutional staffs and resident children, and the development of further evaluation methods to facilitate longitudinal, post experimental and comparative analyses of institutional effectiveness.

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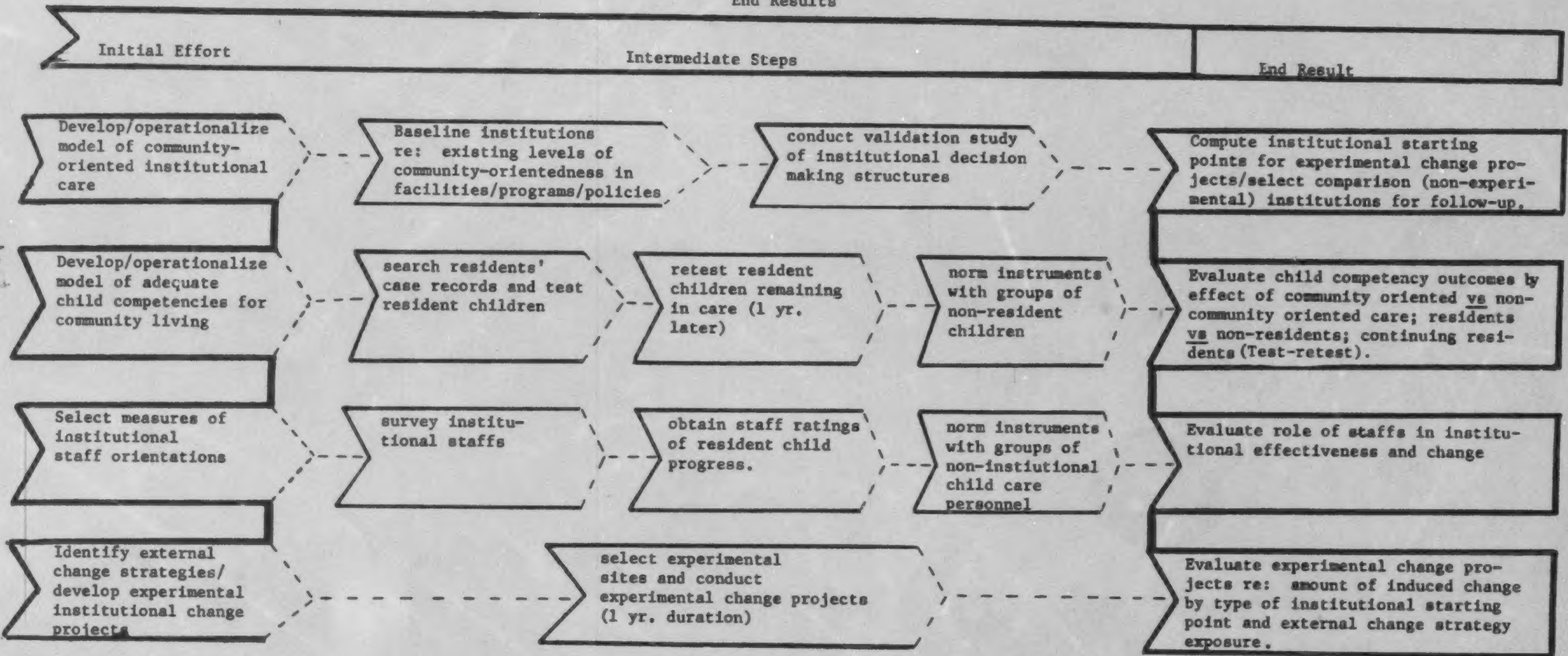
[1] The Institute also maintains complete sets of master code sheets and scoring keys for all instruments cited in this chapter and duplicate decks of all raw data. These resources can be made available to those wishing to pursue the subject matter dealt with in this research program through reanalysis of the data, replication, or other means.

A separately bound suppliment to this Report titled, Technical Appendices, contains a full set of research instruments used in the research program.

Diagram 2-1

Representation of Research Program
Activities Flow, Initial Efforts to
End Results


Initial Effort
Intermediate Steps
End Result
Develop/operationalize model of community-oriented institutional care
Baseline institutions re: existing levels of community-orientedness in facilities/programs/policies
conduct validation study of institutional decision making structures
Compute institutional starting points for experimental change projects/select comparison (non-experimental) institutions for follow-up.
Develop/operationalize model of adequate child competencies for community living
search residents' case records and test resident children
retest resident children remaining in care (1 yr. later)
norm instruments with groups of non-resident children
Evaluate child competency outcomes by effect of community oriented vs non-community oriented care; residents vs non-residents; continuing residents (Test-retest).
Select measures of institutional staff orientations
survey institutional staffs
obtain staff ratings of resident child progress.
norm instruments with groups of non-instiutional child care personnel
Evaluate role of staffs in institutional effectiveness and change
Identify external change strategies/ develop experimental institutional change projects
select experimental sites and conduct experimental change projects (1 yr. duration)
Evaluate experimental change projects re: amount of induced change by type of institutional starting point and external change strategy exposure.

Sample Characteristics

The research program dealt with the entire aggregate of institutions for dependent and neglected children in Georgia (N=36),[1] their full-time staffs (N=481) and their resident child populations (N=1,750 est.). Institutional, staff, and resident population characteristics are briefly sketched in this section.

Children's Institutions

Thirty-four (34) of the total of 36 institutions function under voluntary auspices drawing their funds from a variety of private sources, and two are funded by local county governments.

Thirty-two (32) institutions cooperated fully in all phases of the research program while four others participated only in the institutional baseline survey and the collection of case record data on resident children.

The four institutions that were only partially involved included the two sponsored by local governments and the only two private proprietary institutions in the state.

In general, the research program dealt with all voluntary nonprofit children's institutions in Georgia.

Geographically, 14 institutions are located in rural areas or small towns of less than 10,000 population, 15 others are located in metropolitan areas exceeding 250,000 in population, and the remaining seven are found in areas of intermediate size. The spread of these institutions throughout the state is illustrated in Appendix B.

Far more similarities than differences exist between these institutions relative to facilities and programs in spite of the fact that four have adopted the term of residential treatment center and one prefers the label of boarding school.

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[1] Fourty-two (42) establishments held institutional licenses; however, six were deleted following staff on site inspections as being, in reality, group homes. At the beginning of the research program (1971) the state of Georgia did not license group homes separately.

For example, most (85 percent) are moderate in size having bed capacities within a 20 to 60 range, and all but three offer cottage type living arrangements. Roughly half of all institutions have decentralized their facilities for meal preparation and service.

Regarding program features, almost all institutions require or provide physical exams at admission and offer some form of social casework services. Roughly one-third of all institutions also require religious education and provide volunteer tutors for individual educational assistance. Generally speaking, no other educational, recreational, or counseling program features are emphasized by a significant number of institutions.

No institution in the sample offers more than token services to its surrounding community and none has comprehensive replacement planning and follow-up services.

Typically, institutional decision-making structures are highly centralized--including reward/discipline systems--and children are commonly supervised by institutional staff when they enter the community, especially when in groups.

This thumbnail sketch does not, of course, reflect the wide variation that exists within the sample on specific facility and program matters. A more precise reading of the variation within the sample may be obtained by review of a series of summary tables showing the actual distribution of institutions on these matters as presented in Appendix C.[1]

At the same time, survey reports from other states on similar aggregates of institutions (Pennsylvania Association, 1971; Kentucky Dept. of Child Welfare, 1972) and other studies (Pappenport and Kilpatrick, 1966; Kadushin, 1973) indicate that our sample of institutions is typical of those in other parts of the country that serve primarily dependent and neglected children.

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[1] A full description of the characteristics of the sample of institutions, staffs, and resident children is available in: George Thomas, A Baseline Evaluation of Child Caring Institutions in Georgia, (Regional Institute of Social Welfare Research, University of Georgia: Research Monograph, 1973) 111 pp.

Institutional Staffs

A total of 948 individuals are engaged in one manner or another in the residential programs of all 36 institutions in the study as shown in table 2-1:

Table 2-1

Distribution of All Institutional Staff
Members by Specialization Performed
(N=36 Institutions)

Type of Specialization	N	Full time	Part time	Volunteer	Ratio No. Full-Time Staff/No. Residents
Executive (Dir & Ass't Dir)	51	51	---	---	1:34**
Education	205	43	42	120	1:41
Recreation	75	8	8	59	1:220
Prof. Social Service	16	9	7	---	1:194
Non-Prof. Social Service	36	31	3	2	1:56
Cottage Parents	281	262	10	9	1:7
Cottage Life Ass'ts	21	17	2	2	1:103
Other*	263	60	114	89	1:29
Totals	948	481	186	281	1:4

*Other includes mostly paid maintenance, farm labor, kitchen help, dieticians, and domestic servants.

**Ratios rounded to nearest whole person. Ratios were computed using an estimate of 1750 residents in the 36 reporting institutions.

In general, the institutions in the study exhibit relatively simple staff structures composed of a director, social service staff, cottage parents, and assorted maintenance personnel.

Specialized personnel and volunteers are utilized by a very small proportion of all institutions. For example, a total of 4 institutions utilizes 90 percent of all education program volunteers and another aggregate of 4 utilizes 90 percent of all part-time and volunteer recreational personnel.

In 1972, the average turnover rate for full-time personnel in all institutions was 26 percent, with the range being from no turnover in 7 institutions to 83 percent in one. In all, 14 institutions exceeded the state average.

Data on staff background characteristics were obtained from a separate direct mail questionnaire submitted to all full-time staff (N=400) in the 32 fully participating institutions.

A total of 345 usable returns, representing a return rate of 84 percent, revealed that the typical staff member is female (68 percent), middle aged (58 percent between 31-60 years old), married and living with spouse (55 percent) and originally from a rural or small town environment (75 percent).

Staffs have substantial ties to their institutions other than wages. Seventy-eight (78) percent of all full-time staff members live on grounds and 76 percent eat all meals at their institutions. Also, among married personnel a majority have spouses employed at the same institution.

Job mobility is practically non-existent: 97 percent of all personnel remain in the position for which they were initially hired, regardless of length of time employed.

Finally, there appear to be serious educational and training deficiencies, particularly among cottage parent and cottage life personnel. Ninety-eight (98) percent of all cottage parents have less than high school educations and 63 percent of this group was not exposed to a single educational or training experience during 1971 (the year prior to the survey).

A more precise and detailed grasp of these staff characteristics may be obtained by reviewing the series of summary tables provided in Appendix D.

Resident Child Populations

The average daily resident population of all institutions serving dependent and neglected children in Georgia is currently estimated to be 1,750 children. This figure has remained remarkably stable over the last few years.[1]

Systematic searches of all available case records of children in residence in the 36 institutions during March, 1972, provided detailed information on a total of 1,647 children or 94 percent of those estimated to be in care.

The great majority of children in care are white (88 percent) preteenagers (78 percent), 58 percent of whom are boys.

Thirty (30) of 36 institutions serve coed populations, however, there is less mixing relative to race. Two (2) institutions serve black children exclusively and 18 serve whites only. Sixteen (16) institutions have racially mixed populations but only 4 have minority race representation exceeding 10 percent of their total populations.

Slightly over half (53 percent) of all children come from urban environments, 30 percent come from rural areas and the remainder (17 percent) had prior residence in small towns under 10,000 in population.

Regarding family backgrounds, 64 percent of all children come from 1 parent homes (34 percent never married, 30 percent broken by divorce, etc.), and 65 percent come from families having 4 or more children.

The majority of residents come from blue collar (77 percent) low income households (76 percent under $6,000 family incomes) and were residing with one or both natural parents or grandparents at point of placement (63 percent).

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[1] Seventeen-hundred-and-ninety-three (1793) children were in care as of July 1, 1970; 1,744 as of July 1, 1971; and, an estimated 1,750 as of July 1, 1972. See: Annual Report Children Receiving Service in Child-Caring Institutions in Georgia. July 1, 1970--June 30, 1971. Georgia Division of Family and Children Services, Mimeo, no data.

The three most common sources of placement referrals are welfare departments (30 percent), parents themselves (28 percent) and juvenile courts (19 percent). The most common reasons given for placement referrals are family disaster (35 percent), abuse or neglect (24 percent), and child unmanageability (23 percent).

Legal guardianship is retained by parents in 45 percent of all cases, while institutions hold guardianship in slightly less than six percent of all cases.

Once admitted children tend to remain long periods (78 percent have been in care over one year, 58 percent over two years), and the majority (54 percent) are returned to their natural parents upon release.

Once again, a series of summary tables has been included as Appendix E to provide more detail regarding the characteristics of the total resident child population.

Methodology for Baselining Children's Institutions

The first step taken to baseline children's institutions was to operationalize our Model of Community-Oriented Institutional Care (see Diagram 1-1) in the form of a questionnaire titled, "A Baseline Survey of Child Caring Institutions in Georgia".

The baseline questionnaire was organized in four sections to probe Institutional Facilities and Policies, Resident Child Populations (composition and flow), Staff (positional allocations decision-making structures, training), and Program Services (to residents, community, parents/parent surrogates).[1]

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[1] Substantial parts of the baseline questionnaire, particularly the sections on Facilities and Programs were modeled on the census of children's institutions questionnaire previously developed and used by Donnell M. Pappenport and Dee Morgan Kilpatrick, in their report, A Census of Children's Residential Institutions in the United States, Puerto Rico, and the Virgin Islands: 1966. Vol. 1, Social Science Monograph, School of Social Service Administration, University of Chicago, 1970, 249 pp.

A separate study was initiated during the same period with the boards of every institution to determine their composition and roles in the conduct of institutional activities (Schaub, 1974).

The baseline questionnaire was submitted to the directors of all children's institutions by direct mail and follow-up telephone and personal interview contacts were carried out on an as needed basis to obtain missing data and to clarify ambiguous responses.

This process yielded complete usable results for every institution in the sample.

In order to achieve the objective of establishing a comprehensive profile on the degree of community-orientedness in each institution, a scoring and weighting method was then applied to the raw data.

In brief, scores for 94 single and aggregated variables were obtained for each institution and each score was then compared to a pre-established criterion measure.

Two types of criterion measures were utilized, namely, quantitative measures reflecting means, proportions, or ratios for the sample as a whole on a given variable, and binary measures reflecting the presence/absence of a given variable in each institution.

Each score was then assigned a weight, a plus (+) or a minus (-) depending on whether the score reflected care in the community-oriented direction or not *vis a vis* its criterion.

The scoring and weighting method is illustrated by utilizing two variables from the Child Flow dimension (E1) of the model of community-oriented care, as follows:

Variable		Criterion		Score and Weight
Institution has waiting lists?	→	Binary measure (no/yes, 1/0)	→	Score 1 if no, 0 if yes. Score of 1 is in community-oriented direction; therefore, 1 = +, 0 + -.
Average length of Child stay in institution.	→	Quantitative measure (Sample $\overline{X}$)	→	Below sample $\overline{X}$ is in community-oriented direction; therefore, below $\overline{X}_s$ = +, above $\overline{X}$ = -.

The entire list of 94 variables utilized in the baselining process is identified in Appendix F, Exhibit F-1, accompanied by criterion measures and weight assignment procedures.

The 94 variables were then fitted to the 14 parts of the model of community-oriented care and a tally of pluses and minuses was made for each part to obtain each institution's profile (See Appendix F, Exhibit F-2, "Institutional Profile Tally Sheet").

In all, 44 measures define the External Dimension (Meeting Community Need) and 50 measures define the Internal Dimension (Preparing Children for Community Return), distributed across the 14 parts of the community-oriented model, as shown in Diagram 2-2.

Diagram 2-2

Scoring Ranges for Each Part of the Institutional Community-Orientedness Profile

External Dimension (Meeting Community Need)	Range	Internal Dimension (Preparing Children for Community Return)	Range
Totals	+44 to -44		+50 to -50
E1. Child Flow	+ 6 to - 6	I1. Replacement Preparation	+ 8 to - 8
E2. Child Population Composition	+13 to -13	I2. Child Stigma	+ 5 to - 5
E3. Restrictiveness of Admissions	+ 5 to - 5	I3. Cent. Live/Eat Facilities	+ 8 to - 8
E4. Staff Capacity: Depth	+ 3 to - 3	I4. Comp. On-Grounds Program	+ 7 to - 7
E5. Staff Capacity: Continuity	+ 3 to - 3	I5. Daily Life D-M Pattern	+ 8 to - 8
E6. Staff Cross Flow	+ 7 to - 7	I6. Discipline/Rewards	+ 8 to - 8
E7. Director's Change Orientation	+ 7 to - 7	I7. Cent. of D-M	+ 6 to - 6

The distribution of weights across the 14 parts of the model served two essential purposes.

First, they enabled us to establish each institution's status relative to community-oriented care prior to initiating our institutional change experiments.

Secondly, the proportions of pluses to the total possible scores for all of the 14 parts served as quantitative measures utilized in a variety of statistical analyses of the impact of institutions upon resident populations.

Finally, every effort was made to establish the accuracy of the data derived from the baseline questionnaire by obtaining and comparing data from a secondary source.

For the most part, children's case records and other institutional records served as the secondary source.

Wherever possible, quantitative comparisons were made of two data sources and the extent of deviation was determined.

In all comparisons where a deviation of less than 10 percent (+ or -) was found between the two data sources (38 of 44 variables compared) the data from the baseline questionnaire were retained.

Deviations exceeding that level resulted in rejecting baseline questionnaire data and replacing it with data compiled from institutional records.

Extensive reliability/validity analyses were also carried out on the 22 variables measuring decision-making and rewards/discipline systems (parts I5 thru I7 of the model).

Sections of the baseline questionnaire dealing with decision-making and rewards/discipline systems were lifted intact and submitted to one social service and one cottage parent staff member in each of 12 randomly selected institutions.

The relatively high levels of agreement among staff and director perceptions of the structure of decision-making and rewards/discipline systems suggest the baseline data to be an accurate statement of these components of institutional care.

The complete results of this study, including notable exceptions to the above conclusion, are provided for review as Appendix G.

In sum, 66 of the 94 variables used to baseline children's institutions were quantitatively evaluated in one manner or another to estimate the reliability/validity of the data. (See Appendix F, Exhibit F-3).

The general impression drawn from these analyses is that the profiles derived from the data provide a reasonably accurate picture of institutional care provisions and processes.

Methodology for Measuring Child Competencies

Since the ultimate goal of institutional care, in our view, is the return of a child to at least adequate community living, initial efforts in this measurement area were directed toward identifying the essential competencies needed by a child to achieve this goal.

In turn, presuming we could measure the performance levels of resident children on these essential competencies, some comment could be made about institutional effectiveness.

The essential competencies we settled upon as discussed in Chapter 1 are listed again for convenience sake in Diagram 2-3.

Diagram 2-3

Essential Child Competencies for
Adequate Community Living

Cognitive → Verbal Learning Performance Skills
Social → Task and Social Relations Competence
Affective → A Sense of Self Direction in Daily Life Activities

Relative to verbal learning performance skills, the Lorge-Thorndike Verbal Abilities Battery was selected for use.

To measure task and social relations skills, the Child Task/Social Relations Competence Scale was developed at the Institute.

Finally, a shortened form of the Nowicki-Strickland Child Locus of Control Scale was selected to measure a child's sense of self direction in daily living.

These three instruments were utilized to test and retest institutionalized children, along with the Child Fact Sheet.

This latter instrument was used to glean family and child background data from children's institutional case records. In general, the instrument proved highly serviceable, in spite of the wide variation in case record formats currently employed by the 36 institutions in the study.

The Task/Social Relations Competence Scale (TSRCS) and the Child Locus of Control were both employed in norming studies carried out in three school systems.

School Site 1 was a rurally located public grade school. A total of 250 children in grades 3-8 were tested in ten English classes on the TSRCS, Locus of Control, and Sociometric Inventory.

Eighty (32 percent) of the children were residents of a local children's institution.

School Site 2 was a rurally located public high school. The total enrollment of 207 children was tested on the same instruments used at school site 1 in ten English classes. Eighty-nine (43 percent) of the children were residents of a local children's institution at the time of testing.

School Site 3 included five schools drawn from the total of 11 schools comprising an entire parochial school system of a medium size city (population 200,000). Results were obtained on 737 noninstitutionalized children in this school system.

In all, data were obtained on 1,025 noninstitutionalized children and 169 institutionalized children in attendance in 47 different English classes (the testing locations) at the time testing took place.

The TSRCS was modified for this administration by deleting the cottage mate subscale and changing "cottage parent" to "parent" in the cottage parent subscale.

Additionally, two forms of a Sociometric Inventory were devised by Dr. Hecht Lackey of the Institute's staff for use in the classroom administrations. One form was used with children in grades 3 through 6, the other with children in grades 7 through 12.

The purpose of the Sociometric Inventories was to obtain peer ratings from noninstitutionalized children and institutionalized children (some of whom were in the classes used in the study) to cross validate institutionalized children's self assessments as reflected in responses on the TSRCS and the Child Locus of Control Scale.

The number of responses obtained by these procedures from the various samples of children for each instrument administered is given in summary form in Table 2-2 following:

Table 2-2

Number of Responses by Type of Instrument and Type of Child Sample

Type of Sample	No. Institutions/ Schools	TSRCS*	LTIT**	Locus of Control	Sociometric Inventory
(1972) Institutionalized Children	32	1243	1255	1238	
(1973) School Site 1	1	80		80	80
(1973) School Site 2	1	89		89	89
(1973) Noninstitutionalized Children					
School Site 1	1	170		170	170
School Site 2	1	118		118	118
School Site 3	5	737		737	737
(1973) Retest Institutionalized Children	19	785	632	780	

*Task/Social Relations Competence Scale
**Lorge-Thorndike Intelligence Test - Verbal Abilities Battery

Since it was important to the success of the research program that data on child competencies be established as both reliable and valid, considerable work was done to arrive at estimates of instrument reliability and validity, particularly regarding the TSRCS and the Child Locus of Control.

In this section, the results of our reliability/validity studies on the above instruments are provided, along with a discussion of the methods used in scale administration.

Additionally, results of studies done elsewhere on the reliability/validity of the Lorge-Thorndike Verbal Abilities Battery (LTIT) are presented and the procedures for administering the LTIT and the Sociometric Inventories are outlined.

The Lorge-Thorndike Verbal Abilities Battery

The Verbal Abilities Battery of the Lorge-Thorndike Intelligence Test (LTIT) Multi-Level Edition was used to measure verbal learning performance.

In our work, the LTIT was administered to 1,255 dependent and neglected children residing in 32 different children's institutions in Georgia in the Spring of 1972 and to 632 children in 19 institutions in the Spring of 1973 for purposes of test-retest evaluations following a lapse of one year during which the latter remained institutionalized.

The Multi-Level edition is a revision of the original test that provides separate test booklets for differing school grade levels, as follows:

Form	Grade Level
A	3
B	4
C	5
D	6
E	7
F	8-9
G	10-11
H	12-13

The entire test was standardized (1963) across 180,000 students in 70 systems in 42 states and norms were derived for age and grade equivalents (among others).[1] Standardization was conducted with the Iowa Test of Basic Skills (grade 3-8) and the Tests of Academic Progress (Grades 9-12).

Three of the 5 tests in the Verbal Abilities Battery were selected for use in the study, namely, the Vocabulary, Verbal Classification and Verbal Analogies Tests.[2] The Sentence Completion and Arithmetic Reasoning Tests were omitted, partly for reasons of increasing the speed of administration of the test and because some material in these two tests was deemed either duplicative or irrelevant for our purposes. Additionally, only test forms A-G were utilized since less than 1 percent of the sample of children tested were at grade level 12 or beyond.

A summary of the results of reliability/validity studies conducted on the total LTIT (Verbal and Non-Verbal Batteries) aided in the selection of this instrument (Buros, 1972, pp. 681-686).

The alternate forms method used extensively to obtain reliability coefficients on the Verbal Abilities Battery yielded adequate test reliabilities ranging from .83 to .91.

Studies reflecting on criterion validity have tended to show relatively high correlations between the total LTIT and the tests of achievement (in the .60's and .70's) and scores on the verbal battery to be less influenced by the age of the tested child. Such results suggest that the Verbal Abilities Battery is a useful instrument for predicting school achievement (Buros, 1972, p. 685).

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[1] Reference: Lorge-Thorndike Intelligence Tests, Multi-Level Edition, Manual for Administration (Boston: Houghton Mifflin, 1971).

[2] Permission to utilize and duplicate the LTIT Verbal Abilities Battery in this manner was kindly extended by the test publisher, the Houghton Mifflin Company, through Mr. John Sommer, Manager, Department of Measurement and Guidance.

The Child Task/Social Relations Competence Scale (TSRCS)

The TSRCS was developed at the Regional Institute of Social Welfare Research by Dr. George Thomas following a search of the literature on child measurement that failed to identify a comprehensive instrument that met all our needs (Johnson and Bommareto, 1971; Comrey, *et al*, 1973; Buros, 1972).

The Scale in its final form is composed of five subscales totaling 46 items, discussed below:[1]

The Task Subscale consists of 15 items. Eight (8) items are *phrased positively* ("I am better than most kids at playing games") and seven negatively ("I am not very good at fixing things when they break"). Together these items produce a single task competence score.

The School Mate Subscale includes eight items aimed at *assessing how well a child thinks* he is getting along with peers at school. Item example: "Kids in my class are always picking on me."

The Cottage Mate Subscale is identical in purpose to the *School Mate Subscale, the target* here being to assess a child's relations with others he is living with in his institution. An item example for this eight item subscale is: "Most of the kids I live with like me a lot."

The Teacher Subscale is composed of seven items and is *designed to assess a child's* view of how well he is getting along with his teacher. Item example: "I get along very well with my teacher."

The Cottage Parent Subscale contains eight items designed to *assess how well an institutionalized* child thinks he is doing in getting along with his cottage parent(s). Item example: "I can always tell my cottage parent(s) my problems."

The TSRCS was administered to 2,268 different children in Georgia, grade levels 3 through 12. The Scale was administered on three different occasions, first to 1,243 institutionalized dependent/neglected children in 32 institutions (1972), secondly to 1,025 non-institutionalized children comprising a large portion of the total enrollments of three different school systems (1973), and, finally, as a retest of 785 institutionalized children in 19 institutions one year after initial testing (1973).

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[1] Initial reasoning about the format and structure of the item response categories was stimulated considerably by a thorough reading of S. Coopersmith, *The Anticedents of Self Esteem*, (San Francisco: W. H. Freeman & Co., 1967).

The Scale was read aloud to groups of children (grades 3-8 only) in institutions (and to 47 different English classes in seven schools) and the children were asked to voice misunderstandings after each item before answering.

Children respond by marking the response category "like me" or "not like me" corresponding to each item.

Since roughly half of the items in each subscale are written negatively (I am not like, I can't do, etc.) and half positively (I am popular, I do well, etc.), a score of one is assigned to the response category reflecting higher personal opinions of competence and 0 to the alternate category.

The score range, therefore, is 0 to 46 for each individual reflecting minimum to maximum levels of self-rated task and social relations competence.

Scale Reliability

The internal consistency of the Scale was determined by utilizing data on 845 institutionalized children (1972) applying the Kuder Richardson formula 20. A modest overall scale reliability of .80 was obtained in association with relatively high subscale/total scale intercorrelations: task (.81), school mates (.75), cottage mates (.77), teacher (.77), and cottage parents (.75).

A principle components factor analysis was performed on the same data utilizing an orthogonal rotation to maximize factor independence in order to evaluate the degree to which Scale items cluster into the subscales set forth in the instrument. (See Appendix H).

Five relatively "pure" factors were extracted[1] which tend to confirm the original item structuring of the subscales. A .30-item loading was used as the cut-off point for retaining an item for factor interpretation in the final rotated item factor matrix.

Only three of 46 items loaded above .30 on two or more factors. Factor I is composed exclusively of the eight cottage parent items, Factor II includes 13 of the 15 items in the school mates and cottage mates subscales, comprising what can be termed a peer subscale and Factor III consists exclusively of the seven items in the teacher subscale.

Factors IV and V can be termed the Task "can't do" and Task "can do" factors respectively. Items loading on Factor IV above .30 include six of the seven negatively phrased task items and on Factor V six of the eight positively phrased task items.

Together these results suggest the overall scale to be essentially unidimensional in content relative to measuring competence, and to contain subscales that measure separable components of competence relative to tasks and the various social relations spheres.

Test-retest scores on 785 institutionalized children obtained at a one year interval provide further information on Scale and subscale reliability.

Since the expectation was that the Scale would measure change overtime, the degree to which it detected change is the criterion for assessing Scale test-retest reliability.[2]

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[1] The decision to retain five factors follows from inspection of sums of the absolute scores of the residual matrices which showed a sharp drop between the fourth and fifth matrices. This suggests that the bulk of the variance within the intercorrelation matrix had been extracted. See: Fruchter (1964, p. 80) and Fruchter and Jennings (1962, pp. 239ff).

[2] Carl Bereiter (In: C. Harris (ed), 1967, p.14) comments that if change is anticipated test reliability is gauged in terms of the instrument's sensitivity in detecting change. This is exactly opposite the more common approach in test-retest evaluations where reliability is established in terms of the stability of scores overtime.

As Bereiter puts it, "If one is measuring change, then it is as measures of change and only as measures of change that the validity and reliability of his instruments have any importance."

The correlated t test extracts the correlation of scores between $time_1$ and $time_2$ before performing an evaluation of the difference in mean scores, lowering the likelihood of spurious results in difference of means tests.

The results obtained suggests that change relative to cottage parents and cottage mates runs opposite of the direction of change for school mates and teachers. This produces a cancelling out effect that yields an overall nonsignificant test-retest result for the total scale.

This point emphasizes that total Scale scores should not be evaluated in the absence of subscale analyses, especially in the test-retest situation when change is being measured.

Table 2-3

Results of Correlated t Tests on TSRCS Test-Retest Data (N=785)

Scale/Subscale	t
Task	1.80**
Cottage Mates	-6.20*
School Mates	5.40*
Teacher	2.30***
Cottage Parents	- .50
Total Scale	- .99

**P < .05 (1 tail)
*P < .01 (2 tail)
***P < .05 (2 tail)

Scale Discriminative Validity

Several analyses were performed to determine the power of the Scale in differentiating scores among groups of children controlling for place of residence (institutionalized/noninstitutionalized), family income (low: below $4,000; middle: $4-10,000; upper: $10,000 +), and school grade level.

Table 2-4 indicates that the Scale discriminates between institutionalized and noninstitutionalized children.

Analyses of differences between institutionalized/noninstitutionalized children were also undertaken on data obtained from two rural public school systems. School Site 1 was an elementary school with 32 percent of total enrollment being institutionalized children. Nonresidents in this school generally fell in the middle income category while residents were decidely from lower income families.

In School Site 2 institutionalized children represented 45 percent of the enrollment and, in this case, residents were generally from middle income families while nonresidents fell into the low income category.

Table 2-4

Difference in Mean Scores for Institutionalized[1] and Noninstitutionalized Children on the TSRCS Controlling for Grade Level

Type Group	N	$\overline{X}$ (TSRCS)	SD	t
Grades 3-8				
Institutionalized	812	28.53	6.79	9.66*
Noninstitutionalized	481	25.41	4.28	
Grades 9-12				
Institutionalized	207	32.73	7.47	11.05*
Noninstitutionalized	253	26.62	4.93	

*P < .01 (2 tail)

[1] In order to increase parity between the samples, 55 children in special education and 169 below the third grade level were deleted bringing the total for the institutionalized samples down from 1,243 to 1,019.

Controlling for income we expected residents to score lower than nonresidents in School Site 1 but higher than nonresidents in School Site 2. This occurred, partially supporting the conclusion that the Scale discriminates in the expected direction controlling for family income as shown in Table 2-5.

Table 2-5

Difference in Mean Scores for Institutionalized and Noninstitutionalized Children on the TSRCS Controlling for Family Income

Type Group	N	$\overline{X}$ (TSRCS)	SD	t
School Site 1				
Low Income Institutionalized	80	23.33	5.11	5.95*
Middle Income Noninstitutionalized	170	25.79	6.08	
School Site 2				
Middle Income Institutionalized	89	26.48	4.86	1.76**
Low Income Noninstitutionalized	118	25.27	5.10	

*P<.01 (1 tail)
**P<.05 (1 tail)

Scale Criterion Validity

At the time that children were being administered the TSRCS in their English classes in School Sites 1 and 2, they were asked to take a Sociometric Inventory that requested them to name and rank other children in their classes with whom they would prefer to engage in a work task and in social friendships.

Product-moment correlations were computed between children's own assessments of their task/social relations competencies with the rate at which they were chosen by others in their own classrooms to engage in task and social relationships.

Significant positive correlations would tend to validate children's own assessments of their competencies. Tables 2-6 and 2-7 present the results of this analysis for institutionalized and noninstitutionalized children respectively.

Inspection of these tables indicates a meaningful association between TSRCS Task and School Mate Subscale scores and Task/Social Relations ratings by peers.

This suggests that children's own assessments about how well they are doing regarding tasks and school mate relationships tend to be confirmed by other children (both institutionalized and noninstitutionalized).

Table 2-6

Product-Moment Correlations Between TSRCS Scores and Sociometric Ratings by Peers for Institutionalized Children

			Subscales[1]				
Sites	N	Sociometric Item	Task	School Mates	Cottage-Parent(s)/ Parent	Teacher	Total Scale
School Site 1	80	Social	.13	.25**	-.07	.01	.13
		Task	.27**	.12	-.02	-.04	.16
School Site 2	89	Social	-.03	.34*	-.14	.02	.05
		Task	-.14	.16	-.16	.03	.07

*P < .01 (1 tail)
**P < .05 (1 tail)

[1] The Cottage Mate Subscale was not administered in the school setting.

Table 2-7

Product-Moment Correlations Between TSRCS Scores and Sociometric Ratings by Peers for Noninstitutionalized Children

			Subscales				
Sites	N	Sociometric Item	Task	School Mates	Cottage-Parent(s)/ Parent	Teacher	Total Scale
School Site 1	170	Social	.02	.19**	.06	-.08	.05
		Task	.18**	.31**	.20**	-.02	.25
School Site 2	118	Social	.04	.30*	.09	.01	.17
		Task	.19**	.30*	.08	.05	.26**

*P < .01 (1 tail)
**P < .05 (1 tail)

Further evidence of the Scale's content validity is present in the low correlations between peer sociometric ratings and children's own assessments about how well they are doing with adults, since it can be reasoned that the quality of children's associations with adults are of secondary importance among children when selecting peer task/social relations associates.

Finally, low correlations on the Cottage Parent/Parent and Teacher subscales can be shown to contribute to low correlations between sociometric ratings and children's total TSRCS scores.

Since correlations between sociometric ratings on social and task items were noteworthy in both school settings and for both institutionalized/noninstitutionalized children,[1] the Social and Task peer ratings were pooled and converted to ranks reflecting general class standing (1 to 10, highest to lowest). An analysis of variance was then performed between general class standing and children's own self-assessments of competence (TSRCS) scores.

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[1] In School Site 1, the correlations between social and task ratings was .63 for noninstitutionalized and .49 for institutionalized children. In School Site 2, the correlations were .54 and .56 respectively.

The results, given in Table 2-8, indicate that a significant difference between general class standing based on peer assessments and children's own self-assessments of competence occurs only with respect to the teacher subscale in School Site 2.

Table 2-8

Analysis of Variance Results, General Class Standing (Peer Assessed Rank) By Children's Own Assessments of Competence (TSRCS)

		Subscales				
Sites	N	Task	School Mates	Cottage Parent(s)/ Parent	Teacher	Total Scale
School Site 1						
Institutionalized	80	.590	1.865	.265	1.130	.171
Noninstitutionalized	170	.324	.548	.695	1.270	.434
School Site 2						
Institutionalized	89	.159	2.263	1.775	3.553*	1.937
Noninstitutionalized	118	1.785	.576	.152	3.383	.819

*P<.01 (1 tail) School Site 1 df (9, 74 and 9, 164)
School Site 2 df (9, 84 and 9, 113)

In sum, Scale and subscale reliability was evaluated in terms of internal consistency and test-retest results.

Scale and subscale validity was estimated by factor analytic methods, the Scale's power to discriminate between differing groups of children, and criterion validity was evaluated by correlational and variance analyses of children's own assessments and assessments of them by peers.

The results generally indicate the instrument to be a reasonably reliable and valid measure of children's task and social relationship competence levels.

The Child Locus of Control Scale

The Norwicki-Strickland Locus of Control Scale for Children was selected for use in our studies to assess children's sense of direction in daily life activities.

This instrument, in its present form, is 40 items long and proports to measure the degree to which children perceive control of their fate, rewards, etc., to be within their own control or subject to outside forces. Children respond to the items with "yes" or "no" answers (Norwicki-Strickland, 1973).[1]

Questions raised about the reliability and validity of the earlier Locus of Control Scale for children developed by Bialer led us to examine the item content of the Norwicki-Strickland Scale.

In particular, Gorsuch, et al, (1972), have found scores on the Bialer scale to be subject to differences in children's levels of verbal competence as well as age.[2]

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[1] The Test derives from earlier work on Locus of Control instruments by Rotter, Bialer, and others appearing in: Rotter, 1966; Lefcourt, 1966; Miller, 1960; and Lackey, 1973.

[2] To test Gorsuch's findings further, we performed a multiple regression analysis on the Locus of Control scores of a sample of 767 institutionalized children. Age and Verbal Ability scores (as derived from the LTIT Verbal Abilities Battery) were regressed on Locus of Control scores. The correlation obtained between verbal ability and Locus of Control (.95) supports Gorsuch's position; however, a correlation of -.03 was obtained between age and Locus of Control scores (age range in the sample was roughly 8 to 16 years). One possible explanation of this confounding result is that institutionalized children may not progress toward greater internalization as they grow older (at least not while institutionalized).

Further evaluations of the instrument led Gorsuch to conclude that the instrument contained essentially two different kinds of items, those having distant and vague future goals or orientations and those having more specific and immediate goals or orientations.

He speculated that these findings would render the instrument unreliable with disadvantaged groups in particular since such groups are less accomplished verbally and might find vague-distant goal items incomprehensible, leading to increasing random error (child guessing) in scores (Gorsuch, et al, 1972, p. 588).

Gorsuch's observation about item content further stimulated Institute staff to review the Norwicki-Strickland Scale and to delete all items having an obvious vague and distant future goal or orientation.

Our intent here was not only to increase the Scale's reliability but also to focus content as much as possible on immediate-specific (daily life) matters and goals since scores on such content were of greatest research interest to us.

The Scale was thus reduced to 26 items for our use. The "Yes-No" response scale was retained, and scoring was done by applying a 1 to an answer reflecting greater internal control and 0 to responses reflecting external control.

A child could therefore, score from a maximum of 26 (maximum internal control) to 0 (maximum external control).

The adapted Norwicki-Strickland Locus of Control Scale for Children was administered to a total of 2,263 different children in Georgia, grade levels 3 through 12. The Scale was administered on three different occasions, first with 1,238 institutionalized dependent and neglected children in 32 institutions in 1972, secondly to 1,025 noninstitutionalized children comprising a large portion of the total enrollment of three different school systems--two rural public and one urban parochial (1973)--and, finally, as a retest of 870 institutionalized children in 19 institutions (1973) one year after initial testing.

The Scale was read aloud to groups of children (grades 3-8 only) in institutions (and to 47 different English classes in seven schools) and children were asked to voice misunderstandings after each item before responding.

Scale Reliability

The Norwicki-Strickland Scale has been widely utilized in child development research over the last several years. Indeed, a recently compiled bibliography by the Scale's principle author lists 92 such studies (Norwicki, no date).

Administration of the Scale by the authors on several occasions with 1,017 elementary and high school children has yielded split-half internal consistency coefficients ranging from .63 to .81 and six week test-retest reliabilities ranging from .66 to .71 (Norwicki and Strickland, 1973).

Since change over time was expected in our studies test-retest reliability of this Scale was estimated by the application of the correlated t technique on the original and retest scores of 780 institutionalized children obtained at a one year interval.

As previously noted, the correlated t test extracts the correlation between test-retest scores before computing the difference between mean scores thus providing a truer estimate of the amount of change that occurred, and in turn, a good approximation of the Scale's sensitivity in measuring change (test-retest reliability).

The resulting statistic ($t=4.70$, $P<.01$) suggests the Scale to be reliable for our purposes.

Scale Discriminative Validity

One of our expectations, based on previous findings, was that low income and institutionalized children would score lowest on this Scale. Scores for children on the Locus of Control Scale were grouped by grade level, place of residence, and, finally, family income level for purposes of performing difference of means tests.

Table 2-9 indicates that the Scale discriminated between children grouped by grade level and place of residence as expected only for the elementary school grades.

When children in two schools with known family incomes were grouped (low: -$4,000; middle: $4-9,999; upper: $10,000 +) by that variable and place of residence, the results conform to expectations again for elementary school children and, the addition of the family income variable does yield a significant difference between groups of high school children (between income groups and not, as expected, between institutionalized/noninstitutionalized groups), as shown in Table 2-10.

Table 2-9

Differences in Means for Locus of Control Scores, for Institutionalized/Noninstitutionalized Children by Grade Level

	N	$\overline{X}$ (Scale)	SD	t
Grades 3-8				
Institutionalized	812[1]	13.21	4.75	3.904*
Noninstitutionalized	481	14.19	4.49	
Grades 9-12				
Institutionalized	207	16.78	4.68	1.035
Noninstitutionalized	253	17.33	6.40	

*P < .01 (1 tail)

[1] In order to increase parity between the samples, 55 children in special education and 169 below third grade level were dropped bringing the institutionalized samples down from 1,243 to 1,019.

Table 2-10

Differences in Means for Locus of Control Scores, Institutionalized/Noninstitutionalized Children by Family Income Level

	N	$\overline{X}$ (Scale)	SD	t
School Site 1 (Grades 3-8)				
Middle Income Noninstitutionalized	170	13.47	4.43	3.071*
Low Income Institutionalized	80	12.63	4.14	
School Site 2 (Grades 9-12)				
Low Income Noninstitutionalized	118	16.60	4.31	3.064*
Middle Income Institutionalized	89	18.35	3.93	

*P<.01 (1 tail)

Scale Criterion Validity

Children in the same two schools were administered a two-item sociometric inventory at the same time as the Locus of Control Scale for the purpose of assessing their task and social relations competence as reflected in the rate at which each child was chosen by peers to engage in a task and a social friendship situations.

In our view, the sociometric inventory measured the desirability of each child in the eyes of his classmates as a partner in doing tasks and sharing social situations. In contrast, the Locus of Control Scale was viewed as measuring degree of self direction, self reliance, or personal independence.

Had we measured leadership rather than sharing in the Sociometric Inventory, we would have expected a high degree of association between a child's Locus of Control score and his general classroom standing assessed by peers.

As it was, we expected Locus of Control scores to be unrelated to general classroom standing (or perceived desirability of association by peers in task/social situations).

Analysis of variance tests disclose that differences between children's own assessments of their social relations (school mates) and task competence and their general classroom standing are nonsignificant. By contrast significant differences are found between general classroom standing and Locus of Control scores, as shown in Table 2-11.

Table 2-11

Analysis of Variance Results, General Classroom Standing By Task/Social Relations Competence and Locus of Control Scores for Two School Populations

General Classroom Standing By: (Peer Rank on Sociometric)	N	F
School Site 1		
TSRCS Task Subscale	250	.587
TSRCS School Mate Subscale		1.008
Locus of Control		2.247**
School Site 2		
TSRCS Task Subscale	207	1.843
TSRCS School Mate Subscale		.632
Locus of Control		2.715*

*P<.01 (School 1: df 9, 294; School 2: df 9, 204)
**P<.05

These results tend to confirm that the Locus of Control Scale measures different content orientation than the TSRCS.

In turn, this reflects well upon the validity of the Locus of Control Scale as we have used it, namely, as a measure of one of the three separable components of our model for evaluating adequate child competency for community living.

The Sociometric Inventory

This instrument was developed by Dr. Hecht Lackey at the Regional Institute of Social Welfare Research specifically for the purpose of establishing criterion validity for the TSRCS. The basic design of the instrument derives from a study of Moreno's technique (1934). The Inventory consisted of four items requiring children to state their associational preferences in performing tasks and social functions with other children. Two forms were developed for grades 3 through 6 and 7 through 12, in order to make the instrument applicable to older and younger children.

The Sociometric Inventory was administered in the three different school sites along with the TSRCS and the Child Locus of Control.

The instrument was scored in the following manner: first a raw score was computed by totaling the number of times a child was selected by other members of his class. Then the children were ranked on the basis of that raw score with the child most selected being number one, to the child least selected number n. In the third step, a rate of selection was computed by dividing the raw score by the total number of possible selections a child could have received. The last score was utilized also to establish his rank in that class. Therefore, if a child was in a class of 32 children, and was selected by ten other children on an item, his raw score would have been ten. If this represented the highest raw score, his rank would have been one, and his centile score would have been .10 (top 10 percent of the class).[1]

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[1] It should be noted that this method of assigning ranks will often yield negative correlations with other scales simply because the highest rated children will be assigned the lowest rank (i.e., 1). It is recommended that these ranks be reversed in future (highest rated assigned rank 10), to avoid this confusion.

The child's rate would be 10 divided by 93 (since there were 93 choices for each item, 3 children chosen by all 32 class mates, omitting a child's own 3 choices) equalling .11.

Methodology for Measuring Staff Orientations

Three measures of staff orientations were taken as part of our overall effort to assess staff contributions to institutional effectiveness.

Additionally, social service and cottage parent staff in all institutions were asked to rate all resident children on several variables related to their readiness for replacement to their communities.

The instruments that were used to obtain data on staff orientations are referred to as the Child Rearing Philosophy Scale, the Community-Orientedness Subscale, and the Job Satisfaction Scale.

These instruments were submitted by direct mail to foster home parents and public agency child welfare workers in one metropolitan county as well as full-time personnel in the 32 institutions in the study for purposes of comparative analysis. The number of responses obtained are presented in Table 2-12.

Table 2-12

Number of Responses by Type of Scale
and Type of Child Care Personnel

Type of Personnel	Child-Rearing Philosophy	Community Orientedness	Job Satisfaction
Foster Home Parents	168	--	--
Child Welfare Workers	39	39	39
Institutional Directors	27	27	27
Institutional Social Service Staff	35	35	35
Institutional Cottage Parents	216	216	216

It should be noted that these groups of workers differed in important ways. The majority of foster home parents were black, of rural origin, had less than 8th grade educations and were over age 50. In contrast, the majority of institutional staff members were white and of urban origin, although in other respects cottage parents in particular closely resembled foster home parents.

Most (75 percent) of public agency child welfare workers were under age 40 and college educated.

The groups were similar in that roughly two-thirds of each group were female and married.

The response rate to the initial mailing for foster parents was 50 percent (168 of 336) and 74 percent (39 of 53) for child welfare workers. No follow-up was conducted.

The Child Rearing Philosophy Scale

This instrument was adapted from a questionnaire developed by Bell and Schaefer (1958), known as the Parental Attitude Research Instrument (PARI).

The PARI contained 23 five-item scales, six of which were retained comprising a 30-item scale.

In order, the six subscales measure Harshness, Strictness, Rewards/Punishment, Tolerance, Sharing Decision-Making and Protectiveness Orientations toward the rearing of children.[1]

Some rewriting of items was done to make items conform to our interests and to replace overly sophisticated terminology.

In our usage, the subscales yield an aggregate score reflecting high child acceptance to high child dominance in child rearing practices.

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[1] In the PARI, these scales are titled in order: Breaking the Will, Strictness, Approval of Activity, Equalitarianism, Fostering Dependency, and Intrusiveness.

Four response categories were provided (strongly agree to strongly disagree) and each item was scored 1 to 4. The maximum Scale score range was 30 (maximum dominance) to 120 (maximum acceptance).

The internal consistency of the Scale was determined by Cronbach's Alpha to be .94 for a population of 344 institutional staff members.

Subscale score with total Scale score product-moment correlations also proved respectable: Harshness r=.81; Strictness r=.75; Rewards/Punishment r=.77; Tolerance r=.75; Sharing Decision-Making r=.79; and Protectiveness r=.77.

These results suggest the instrument to be useful as a general measure of child rearing philosophy.

Schaefer and Bell report that PARI scores are correlated with the level of formal education completed by parents taking the instrument. They suggest this supports the conclusion that the instrument has some degree of construct validity.

In addition, Coopersmith (1967) has found PARI scores to correlate positively with higher and lower scores on his measures of self esteem adding to the notion of construct validity.

Our cross tabulations of child rearing philosophy scores with age levels of three samples of different types of personnel who work with children tend to confirm Schaefer and Bell's observations.

Finally, difference of means test reflecting the Scale's discriminative power between selected groups of personnel in the child welfare field indicate significant differences in child rearing philosophy scores where expected, and no difference where expected (in the case of foster parents comparing with institutional cottage parents), as shown in Table 2-13.

The Community-Orientedness Subscale

The Community-Orientedness Subscale is a 12-item battery developed by Dr. George Thomas at the Regional Institute of Social Welfare Research.

Table 2-13

Difference in Means Tests for Child-Rearing Philosophy Scores by Selected Groups of Child Welfare Personnel

	N	$\bar{X}$	SD	t
Foster Parents	108	74.53	8.41	9.766*
X				
Child Welfare Workers	39	88.66	7.07	
Foster Parents	168	74.53	8.41	.649
X				
Institutional Cottage Parents	216	73.23	25.61	
Child Welfare Workers	39	88.66	7.07	4.366*
X				
Institute Social Service Staff	35	63.57	39.72	
Institute Social Service Staff	35	63.57	39.72	2.503**
X				
Institutional Directors	27	82.82	24.01	

*P < .01 (2 tail)
**P < .05 (2 tail)

This subscale is designed to measure the degree to which institutional child care staff prefer to work in and with the community versus the degree to which they prefer to work in isolation from it, or "behind the walls".

The 12 items are tacked on the end of the Child Rearing Philosophy Scale for general administration, and are numbered 31 through 42.

The four response categories for the Child Rearing Philosophy Scale were retained, each item being scored 1 to 4. The maximum subscale score range, therefore, was 12 (maximum behind the walls orientation) to 48 (maximum community-orientedness).

A nonsignificant product-moment correlation of .28 between the scores on Child Rearing Philosophy and Community-Orientedness for the total sample of 485 respondents suggests that the community-orientedness subscale measures a content area different from child rearing philosophy.

Further, difference of means tests between roughly comparable groups of personnel in child caring services yield significant results reflecting the subscale's discriminative power, as shown in Table 2-14.

Table 2-14

Difference in Means Tests for Community-Orientedness
Subscale Scores by Selected Groups
of Child Welfare Personnel

	N	$\bar{X}$	SD	t
Child Welfare Workers X	29	30.03	3.30	5.576*
Institutional Social Service Staff	35	34.11	2.93	
Institutional Directors X	27	29.41	9.59	2.723*
Institutional Social Service Staff	35	34.11	2.93	

*P<.01 (2 tail)
**P<.05 (2 tail)

Again, cross tabulations of staff background variables, particularly age and sex indicate further the Subscale's ability to discriminate. Means are substantially lower for female staff and older staff. These results conform clearly with our initial expectations.

The Job Satisfaction Scale

The Job Satisfaction Scale is a shortened and modified version of a scale developed and successfully used by Miller and Muthard (1963).

The original instrument contains eight scales (Relations with Employer, Relations with Associates, Security/Finances/Advancement, Liking/Involvement in Job, Job Training/Status/Work Conditions, Future Goals and Progress, Evaluation/Retrospect, and Physical/Mental Exertion).

The authors obtained an overall reliability coefficient, using split-half procedures and the Spearman-Brown correction, of .88, and subscale to total Scale score corrected split-half coefficients ranging from .47 to .89 (with the mean using the Fisher Z transformation of .80) on data obtained from a sample of 143 vocational counselors.

The original eight subscales were retained and some were retitled to fit modifications and deletions performed on the item content.[1]

Several items were deleted reducing the overall scale to 31 items for our use. Unfortunately, this reduced the number of items in one scale (Financial) to two, thus seriously impairing its content comprehensiveness.

Four response categories accompanied each item (strongly agree to strongly disagree). Scoring each item 1 to 4 yielded a maximum Scale score range of 31 (maximum dissatisfaction) to 124 (maximum satisfaction).

While item manipulations and deletions did not seem to detract substantially from the Scale's modest reliability (we obtained a .78 utilizing Cronbach's Alpha on data taken from 344 institutional staff members) it may well have contributed to the unimpressive results relative to the Scale's ability to discriminate between different groups of child caring personnel.

Levels of job satisfaction do not prove to be significantly different between child welfare workers, institutional directors, institutional social service workers, and institutional cottage parents, comparing mean scores for each group of workers with each other.

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[1] Consecutive retitlings of subscales are: Relations with Supervisors, Relations with Associates, Financial Rewards, Investment in Job, Job Status, Career Orientation, Sense of Competence, and Physical/Mental Exertion.

This suggests the instrument may lack discriminative power, or, less likely, that all these disparate groups of workers tend to express similar levels of job satisfaction.

Staff Ratings of Resident Children

Ratings of the number and type of personal problems demonstrated and how soon a child would be ready for replacement were obtained on all available children in placement in the 32 institutions.

A standardized form was used to obtain two ratings on each child, one each from the cottage parent and the social service staff member holding primary responsibility for a child's care.

Consistent with the work of others (Sternbach and Pincus, 1970; Piliavin, 1973), we found differences in perceptions between these two staff levels. Cottage parents perceived resident children as slightly more problem burdened (4.58 vs 4.24 problems per child) and rated considerably fewer as ready for replacement immediately (49.0 vs 65.0 percent).

These results are based on the ratings of 1246 residents by cottage parents and social service staff.

An estimate of the degree of consistency between staff ratings and children's self assessments of their competencies was also obtained.

Mean child self assessment scores and staff rating scores were paired across the 32 institutions to obtain Spearman rank order correlation coefficients (Blaylock, 1961, p. 318).

Tables 2-15 and 2-16 following show a general pattern of low associations between staff ratings and child self assessments.

There is one bright note in these findings, namely, that cottage parents global ratings of children's readiness to leave placement are substantially in line with children's own assessments of their current competency levels.

Recalling other results in this chapter that show peer confirmation of residents' self assessments, a body of evidence converges supporting a conclusion that close attention should be paid to cottage parent assessments of children in timing and planning their replacements.

On the other hand, the findings cast some doubt on the reliability of the assessments of social service staff.

Table 2-15

Spearman Rank Order Correlations Between Mean Number of Staff Rated Personal Problems in Child Population and Mean Child Population Self Assessment Scores, by Staff Level

Type of Child Self Assessment		Cottage Parents r_s	Social Service Staff r_s
TSRCS Subscales	LTIT	-.009	-.067
	Task	.173	-.209
	Cottage Mates	.208	.062
	School Mates	.106	.073
	Cottage Parents	.283	.203
	Teachers	.576*	.526*
	Locus of Control	-.219	-.136

*P<.01 df: 2,27

Table 2-16

Spearman Rank Order Correlations Between Staff Rated Percentage of Child Population Ready to Leave Now and Mean Child Population Self Assessment Scores, by Staff Level

Type of Child Self Assessment		Cottage Parents r_s	Social Service Staff r_s
	LTIT	.312	-.218
TSRCS Subscales	Task	-.290	-.064
	Cottage Mates	.546*	-.235
	School Mates	.379**	-.060
	Cottage Parents	.336	-.127
	Teachers	.429**	.208
	Locus of Control	.375**	-.320

*P<.01
**P<.05 df: 2,27

Methodology for Measuring Institutional Change

A decade ago Seashore (1964, p. 166) observed that very few field experiments had been conducted with formal organizations, "...perhaps no more than 5 to 10 depending upon how generous one chooses to be in tolerating deviations from ideal experimental conditions." It should also be noted that Seashore's search did not turn up a single experiment involving more than one organization.

Since that time fundamental advances have been made in research design and data collection techniques useful in researching organizational change (Jenks, 1972; G. L. Lippitt, 1973; Holland, 1973; Campbell, 1970; Hage and Aiken, 1973). Still, important questions continue to be raised about the technical feasibility of conducting true field experiments with formal organizations (Seashore, 1964; Weiss and Rein, 1970; Lyden and Lee, 1969).

Among the more pressing technical realities are those dealing with:

--- Operationalization of criteria for measuring impact;

--- Controlling pre-existing extraneous influences and influences that intervene following the initiation of the experimental treatment;

--- Establishing and maintaining a standardized treatment input across organizations and overtime;

--- Obtaining sufficient organizations to meet the requirements of a fully crossed design, that is, enough organizations to represent the full range of variation among the type(s) of organizations in the study exposed to the experimental treatment, matched organizations if two or more treatments are being induced, and sufficient numbers to afford evaluation of replicate and control (nonexperimental) effects;

--- In lieu of the preceeding point, satisfying the requirement of randomization of treatments and/or random assignment of organizations to experimental treatments; and,

--- Retaining sufficient research design flexibility to profit from the unanticipated consequences of the experimental input.

Regarding this last point, Seashore (1964) recommends utilizing impersonal treatments (e.g., policy changes) to eliminate the largely uncontrolled factors of personality and style present when outside agents introduce change to organizations.

Furthermore, field experiments potentially useful in the practical world of social welfare policy and services must meet the foregoing standards within the bounds of ethics and be productive of results usable by, "...ordinary people in ordinary circumstances and at a cost in full-scale operation that is feasible" (Williams, 1971, p. 94).

There is a tendency--though not an iron law--in human services field experiments toward astronomical costs and esoteric results the more elegant the research design.

In our work we have attempted to strike a balance between maximum operationalization of experimental conditions and real world contingencies (Kerlinger, 1964, Ch.19; Salasin, 1973), and to maintain a focus upon producing results transferable to the realm of policy and practice.

We operationalized three external change strategies commonly available to and used by change agents in the real world and used them with groups of children's institutions at three different geographical sites in an effort to move them toward a better approximation of the community-oriented model of care.

The entire research design and flow of the experimental projects is presented in capsule form in Diagram 2-4 following.

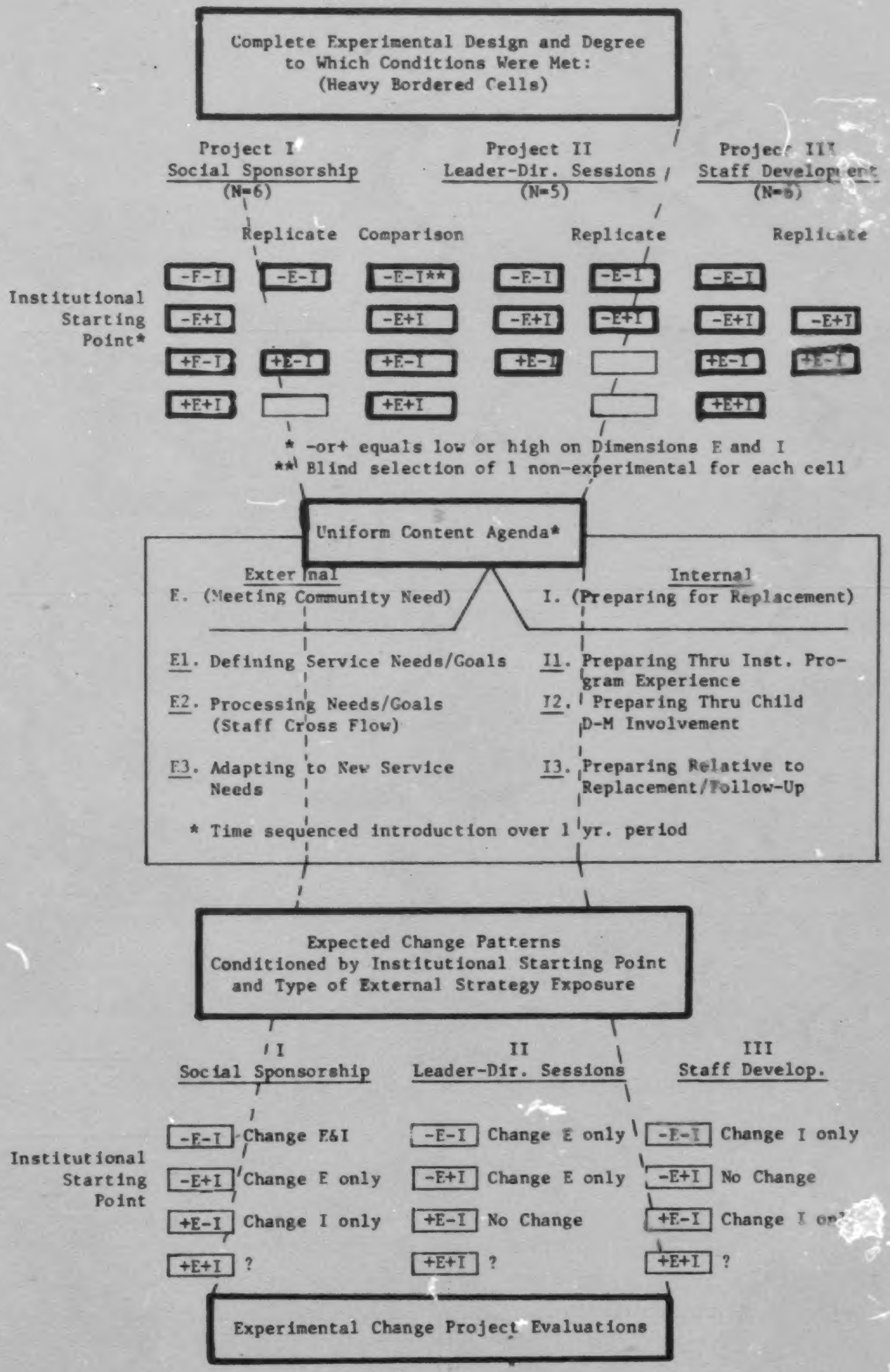
(Insert Diagram 2-4)

We were aware from the beginning that randomization of treatments or random assignment of institutions to treatments was impractical inasmuch as we sought to expose groups of institutions to each experimental project.

Given the limits of our resources, we could not repeatedly crisscross the state to expose numbers of randomly selected institutions to the experimental inputs. Similarly, no reasonably circumscribed area in the state had enough in-

Diagram 2-4

Representation of Design and Flow of Experimental Change Projects


Complete Experimental Design and Degree
to Which Conditions Were Met:
(Heavy Bordered Cells)
Project I
Social Sponsorship
(N=6)
Project II
Leader-Dir. Sessions
(N=5)
Project III
Staff Development
(N=6)
Replicate
Comparison
Replicate
Replicate
Institutional
Starting
Point*
-E-I
-E+I
+E-I
+E+I
-E-I
+E-I
-E-I**
-E+I
+E-I
+E+I
-E-I
-E+I
+E-I
-E-I
-E+I
-E-I
-E+I
+E-I
+E+I
-E+I
+E-I
Uniform Content Agenda*
External
E. (Meeting Community Need)
Internal
I. (Preparing for Replacement)
E1. Defining Service Needs/Goals
E2. Processing Needs/Goals (Staff Cross Flow)
E3. Adapting to New Service Needs
I1. Preparing Thru Inst. Program Experience
I2. Preparing Thru Child D-M Involvement
I3. Preparing Relative to Replacement/Follow-Up
* Time sequenced introduction over 1 yr. period
Expected Change Patterns
Conditioned by Institutional Starting Point
and Type of External Strategy Exposure
I
Social Sponsorship
II
Leader-Dir. Sessions
III
Staff Develop.
Institutional
Starting
Point
-E-I Change E&I
-E+I Change E only
+E-I Change I only
+E+I ?
-E-I Change E only
-E+I Change E only
+E-I No Change
+E+I ?
-E-I Change I only
-E+I No Change
+E-I Change I only
+E+I ?
Experimental Change Project Evaluations

* -or+ equals low or high on Dimensions E and I
** Blind selection of 1 non-experimental for each cell

stitutions within it to allow random assignment of experimental inputs (See Appendix B, Geographical Distribution of Children's Institutions in Georgia, 1973).

Our approach was to select the three localities in Georgia containing the highest concentrations of children's institutions (Atlanta, Macon, and Savannah) and to operationalize one experimental project in each locality.

Previous baselining work provided us with detailed information on institutional starting points on community-oriented care enabling us to "assign" each institution to an appropriate cell in the research design.

In our view, a complete experimental design would require at least two institutions representative of each of the four classes of starting points within each experimental project and a comparison set of nonexperimental (control) institutions.

Inspection of the upper part of Diagram 2-4 indicates that we fell somewhat short of this goal.

On the other hand, the filled cells in the design did allow the following evaluations:

Between Effects - For equivalent institutional starting points across all experiments, we evaluated the comparative impact of the three change experiments on institutions:

a) uniformly low on community-orientedness (-E-I),
b) low on E but high on I, and
c) high on E but low on I.

Within Effects - For different institutional starting points within each experiment, we evaluated the comparative impact of each change experiment individually on institutions:

a) uniformly low on community-orientedness (-E-I),
b) low on E but high on I,
c) high on E but low on I, and
d) uniformly high on community-orientedness (+E+I), (excepting Macon).

Replicate effects were also evaluated where possible by addressing the question whether institutions with similar starting points and receiving the same experimental exposure respond with the same or similar types of changes. We believe we have true replication in the sense that experimental exposure is applied simultaneously thus eliminating the time variable which often confounds attempts at replicating an earlier experiment at a later time.

These evaluations also afforded limited insights regarding the impact of differences in personality and style among experimental project personnel, the expectation being that similar institutions exposed to the same experimental project should demonstrate similar patterns of change barring the influence of extraneous factors such as personality and style.

Experimental vs Nonexperimentals - Utilizing a set of nonexperimental institutions matched to experimentals as to starting points on community-orientedness, differences in change rates between experimentals/controls were determined and evaluated for significance.

A Final Note on Ethics

Prior to the initiation of each experimental project, potential participant institutions were contacted to solicit their voluntary involvement.

During interviews with institutional directors we fully disclosed what we sought relative to the direction and nature of change, the methods we would use in the particular project in which each would be involved, and the limits of the assistance we could provide to accomplish change.

No institution declined--although some directors were skeptical--and full participation continued throughout the life of each project, with few and minor exceptions.

We recognize that some behavioral scientists might consider full disclosure an abridgment of experimental design, in the sense that if participants know what is expected they may simply conform (a self fulfilling prophecy).

In our view sub rosa techniques would have been questionable from an ethical standpoint. Of equal importance, such an approach deviates substantially from real world conditions in which change agents are frequently charged with achieving change in organizations that have advance knowledge of the changes expected of them.

Techniques for Quantifying Institutional Change

A major responsibility of each experimental project leader involved keeping a process recording of all interactions between project personnel and institutional participants over the life of the project.

Normally, a second project staff member was assigned to be present and record events which were then corrected for distortions and biases through discussion with the project leader before being logged.

A separate technical assistance log was also kept in each project to determine whether project personnel were staying within the set limits thereby allowing a better estimate of the extent to which institutional change was self accomplished.

The process recordings contained all known references made by participants to institutional change commitments and claimed change accomplishments associated with exposure to each experimental project.

These references were utilized to construct project evaluation questionnaires and other instruments for follow-up work. All of these instruments also allowed for participant commentary on other changes we overlooked as well as participant evaluation of the projects themselves.

A quasi legal evidence approach was utilized in collecting evaluation data in the field. In brief, this approach meant that no self proclaimed change would be accepted as factual unless validated by a secondary source also directly effected by the change.

In all three projects we first obtained the opinions of institutional directors regarding the changes that occurred as a result of experimental exposure and then proceeded to interview at least one other source directly effected by the claimed change to determine whether the change actually was carried out.

In every case where the secondary source was in disagreement, the claimed change was disallowed. We believe this process produced a conservative estimate of the true amount of institutional change induced by each experimental project, hence a relatively reliable estimate of the amount of actual change.

This was a time consuming activity that resulted in 99 in depth interviews in the field and uncounted numbers of written and telephone contacts with participants.

In the Atlanta project, six directors and 42 institutional staff were personally interviewed. In the latter case, the number of staff interviewed in each institution was proportional to each institution's staff size.

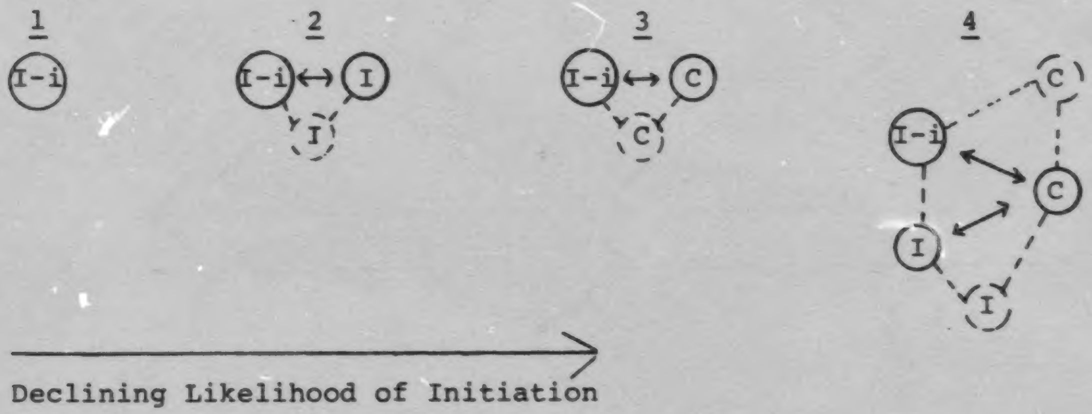
In the Macon project, five directors and 11 community and agency leaders were personally interviewed; and, in the Savannah project personal interviews were conducted with six directors and 29 community participants.

Since we were interested in the nature as well as the type of institutional change that occurred, each validated change was classified according to its complexity (nature) and the part of the community-oriented model to which it related (type).

The complexity of a change was scored from 1 to 4 depending on the number and/or difficulty of the links involved in getting a change accomplished, as shown in Diagram 2-5:

Diagram 2-5

Degree of Complexity of an Institutional Change



In our view, difficulty of accomplishment increases as change moves from that entirely internal to the institution (1), to involvements with one or more like institutions (2) and involvements with other types of community resources (3) toward multiple institutional-community resource entanglements (4).

The entire data classification scheme for each project is brought together for inspection in Diagram 2-6 below:

Diagram 2-6

Classification Scheme for Institutional Change Data

		Model of Community-Oriented Care			
		Part E-1	Part E-2	Part E-3	Part I-7
	Complexity of Change	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
INSTITUTIONAL STARTING POINT	-E-I	* . . .	. . . .	. . . .	. . . .
	-E+I				
	+E-I				
	+E+I				

*Number of verified changes

One final effort was made to further establish the reliability of the data obtained from directors (experimental and nonexperimental) during our evaluation interviews.

A "Directors Institutional Change Questionnaire" was developed incorporating all the changes directors said occurred during the experimental year. This questionnaire was submitted to all directors of participating institutions (N=32) and 26 usable returns were obtained (including all experimental and 3 of 9 nonexperimentals used in our analyses).

Data from evaluation questionnaires were then compared to corresponding responses on the institutional change questionnaires.

Agreement between the two data sources reached 84 percent for experimentals and 86 percent for non-experimentals suggesting that, on the whole, directors were providing consistent information over time about institutional change.

However, directors' responses on the evaluation questionnaires regarding changes made were in agreement with the independent opinions of others only 61 percent of the time in the Atlanta project, 71 percent in the Macon project, and 72 percent in the Savannah project.

These results show the value of the evaluation process employed; namely, while directors' responses appear to be consistent (reliable) with themselves, they are not shown to be more than moderately valid reflections of what others thought occurred.

We further discounted the relatively small number of previously accepted changes about which directors gave inconsistent responses.

Only data that held up to this extensive process of checking and cross checking is reported on in the findings from our research program.

We believe this process produced a highly reliable and valid body of information on the type and nature of institutional changes induced through our experimental interventions.

CHAPTER III

INSTITUTIONAL EFFECTIVENESS IN TERMS OF IMPACT ON RESIDENT CHILDREN

In this chapter the results of our evaluations of the impact of institutional care on resident children are reported and interpreted.

Resident children do differ widely in terms of competency levels, or put in another way, in terms of their readiness for community replacement. They also differ considerably in the amount and direction of change in competency levels demonstrated over time.

We have sought to determine the extent to which these differences are attributable to the types of institutions in which children are placed, the length of time they spend in care, and/or to specific features or emphases in institutional care to which children are exposed.

At the same time, we have sought to assess the extent to which differences in competency levels are attributable to the selective matching of children with particular types of institutions and to child maturation rather than to the nature of the institutional experience itself.

The findings are brought together and interpreted at the end of the chapter as a summary assessment of institutional effectiveness in preparing resident children for community replacement in terms of the two basic questions we posed:

1. Is the institutional experience generally ineffective, in the sense that it inhibits or otherwise distorts the growth and development of competencies needed for community living among residents; and,

2. Is the community-oriented care more effective than its custodial alternative in preparing residents for a return to adequate living in their own communities?

The Nature of Impact by Types of Institutions

As a starter, it can be shown that a substantial relationship exists--in a global sense--between institutional environments and a residents behavior.

A high canonical correlation ($R=.901$, $P<.02$) was found between the scores on the 14 parts of the community-oriented model taken together and the three child competency scores taken together on 1972 data across all 32 institutions.

This, of course, should come as no suprise to anyone who believes that there is a link--however broad--between environment and behavior.

The canonical correlation program we utilized[1] also yields a single canonical weight for each institution computed from institutional scores on the 14 parts of the community-oriented care model.

These weights enabled us to rank the 32 institutions from highest to lowest on community-oriented care and then obtain Spearman rank order correlations between degree of community-orientedness and institutional child population means for the three child competency measures.

This probe indicated in a global way that degree of community-oriented care is associated positively with child Verbal Abilities scores ($r_s=.290$), TSRCS scores ($r_s=.277$), and at a somewhat more substantial level with Locus of Control scores ($r_s=.433$, $P<.05$).

These results indicate no more than that a relationship exists of sufficient magnitude to warrant further exploration.

Considerable care must be taken in interpreting the rank order correlations in particular.

The reason for this is that in the real world an aggregate of children's institutions would probably be better depicted in terms of small disparate groups rather than on a neatly ordered continuum according to the degree of community-orientedness in their overall programs.

Turning the basic question around, we wanted to know whether institutions clustered in a coherent way according to the competency levels in their resident populations, and, further, what characteristics institutions in each cluster shared that set them apart.

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[1] Reference is to the Miami Multivariate Package, developed at the University of Miami, Florida.

The Taxanome, a cluster analysis technique applicable to organizational analysis was utilized with 29 of the 32 participating institutions.[1]

This technique compared institutions simultaneously on all three child competency scores and produced a matrix of clusters similar in visual layout to that of a factor analysis.

Beyond the core (first) cluster, all other clusters are manually extracted by retaining only those institutions in each cluster--inspected in series--that did not appear in any other remaining cluster.

This process yielded seven unduplicated clusters or groups of institutions and four others that were not identified with any particular group.

Inspection of scores on each of the 14 parts of the community-oriented model for institutions within every cluster led to the selection of labels felt to adequately represent each cluster's general orientation.

Ranks associated with global scores (canonical weights) for community-orientedness and resident population competencies were also averaged for each cluster of institutions.

The label assigned to each cluster of institutions and its associated rank on community-orientedness and resident population competency levels are provided in Table 3-1 followed by representative descriptions of the clusters themselves.

The association between community-orientedness and resident population competencies is more clearly observed in these data, although reference should be made to the fact that resident populations in the two institutions most closely approximating our model of community-oriented care demonstrate only modest competency levels.

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[1] The Taxanome was developed by Professor R. R. Rentz of the Educational Testing Laboratory at the University of Georgia and was used with his permission and assistance.

Three institutions were deleted as the program would not accept cases with missing data.

Table 3-1

Institutional Cluster Ranks for Community-Orientedness/Resident Population Competency Levels

Institutional Cluster	No. of Inst.	Community-Orientedness Rank	Resident Population Competency Rank
Community-Oriented	2	1*	4
Tutorial	2	2	2
Self Governing	2	3	1
Benign Custodial	10	4	3
Rote Skills	2	5	5
Survivor Custodial	5	6	6
Transitory Care	2	7	7
Extremist Exceptions	4		

*Ranked from 1 (highest) to 7 (lowest)

More meaning will be apparent in these data following a reading of the descriptions of each institutional cluster's characteristics.

Community-Oriented Institutions (+E+I)

These institutions score high on all 14 parts of the community-oriented model. They are highly integrated with their community environments, place considerable emphasis upon child involvement in community, decentralization of facilities and decision-making processes, and replacement planning. A broad ranged balance on making all of these components work together is characteristic of both institutions.

Benign Custodial Institutions (-E-I)

The 10 institutions in this cluster reflect generally low scores on most if not all 14 parts of our model. The most prominent common characteristic of these institutions might be called modest effort, or balanced indifference in all phases of operations. Many institutions scored lower than those in this group on particular parts of the model, but these institutions are identified by their consistent modest rather than marked departures from community-oriented care.

For the most part they could be called self satisfied. Their principle funding is secure, staff turn-over is quite low, their community images are at least acceptable and the children they serve behave well enough not to cause them public embarrassment or difficulties.

Their consistently low scores identify them as best fitting the term custodial, and their pervasive placidness--or absence of striving in any phase of their operations--earns the adjective benign. Although the opposite of community-oriented by our measures, these institutions do not harbor the least competent child populations by any means.

Survivor Custodial Institutions (+E-I)

This group of 5 institutions is perhaps the most interesting of the lot. We have termed them custodial because, in general, they score quite low on most parts of our model.

They differ from their benign counterparts in the high emphasis accorded to staff involvement in their own communities in search of greater acceptance and financial support.

All of these institutions have high staff involvement in community, highly community conscious directors, and virtually wide open admissions policies.

Each seems engrossed in resolving chronic financial, bed vacancy and similar problems, and the priority on this is such that programing for resident children is virtually forgotten. Beyond adequate provision of basic needs, residents are left pretty much to their own devices.

Because of this emphasis, we have termed them survivor oriented. Children in these institutions generally demonstrate quite low global competencies.

Three clusters of institutions, those labeled Self Governing, Rote Skills, and Tutorial are similar in the general pattern of their operations but quite different in the particular service orientation emphasized.

All three clusters seem to work at developing a specialized relationship with their community environments and to resist any attempt to alter this relationship by isolating themselves from all but a few selective involvements that directly enhance their service goals.

Similarly, all of these institutions give over more attention to building their on-grounds programs than perhaps any others in the sample.

Self Governing Institutions (-E+I)

The two institutions in this cluster work exceedingly hard at making their operations child participatory in nature. Children are expected to govern themselves on a range of behavioral matters far exceeding such allowances in any other type of institution.

Such devices as group decision-making in cottages, the signing of formal service contracts with residents, and the tying of reward/discipline systems to responsible decision-making are all popular.

This system is highly articulated and staff/resident roles are clearly defined. Children are allowed to come and go as they please--and they suffer the consequences of irresponsibility when they abridge the rules they help make.

To support this system, it seems necessary to be highly selective in admissions, and to retain children who successfully adapt for relatively long periods of time.

The need for total control over admissions and release decisions appear to contribute to the reluctance these institutions display relative to integrating themselves with child welfare--and other--service systems in their communities.

As noted in Table 3-1, their aggregated resident populations demonstrate the highest global competency level of any cluster.

Rote Skills Institutions (-E+I)

While the two institutions in this cluster respond to their communities much as the Self Governing Institutions do, they do so to protect a qualitatively different type of service orientation. These institutions have well developed behavioral modeling programs that depend for their success primarily upon the instructional skills, moral integrity, and positional authority of staff members.

Children have practically no involvement in decision-making processes, most decisions being made for them by staff.

At the same time, staff are expected to provide--by their behavior--models for learning appropriate manners, dress, social skills, self control, personal responsibility, and other characteristics adjudged to be the hallmarks of child growth and development.

Once again, great emphasis is placed upon admitting children capable of adjusting to this approach. Those that do adjust tend to be kept long periods. Children in these institutions score quite low relative to global competencies.

Tutorial Institutions (-E+I)

Finally, these two institutions are clearly marked by their emphases upon the intellectual development of resident children.

Similar to Rote Skills institutions, the Tutorials vest near total control of the children's destinies in the staff. In these institutions, however, staff are most concerned with bringing together every conceivable means for advancing the formal and informal learning achievement of residents. Children are heavily involved on-grounds as well as in community in activities that promote cognitive development.

These institutions are extremely selective, and attempt to admit only bright children who appear to have enough internal controls to accept and profit from a rigidly defined and narrowly directed program approach.

As with other institutions of this genre, children who do well are retained. Children in these institutions register high global competency scores.

In over-simplified fashion, the differing emphases between these three clusters of institutions might be illustrated by what each would expect from resident children's recreational activities.

In Self Governing Institutions success might be conceived in terms of a child selecting his own activities and negotiating them within the bounds of conduct he helps set. In Rote Skills institutions, a child might be directed to a recreational activity for the purpose of having him learn something about getting along in a group function. In a Tutorial institution, a child might be directed to the same type of activity for the purpose of learning and mastering the activity itself at a level at least competitive with that of other participants.

Transitory Care Institutions (+E-I)

The last cluster represents two institutions that score relatively high on several of the 14 parts of our model.

While these institutions would appear to have much in common with community-oriented institutions, they differ in two important ways.

First, both these institutions have moved rigidly to a short term care orientation; that is, regardless of the length of stay that might be appropriate for a given child he cannot stay beyond what staff feels to be a temporary period.

Secondly, because of the heavy child flow in and out of these institutions staff are caught up in the management of this flow and do not appear to have the capacity to make otherwise well articulated community-oriented care programs work.

Many phases of the program are neglected in the hurly-burly, including the individualized needs of residents. Generally, it is left up to the children themselves to take advantage of the program resources that have been developed for them.

When scores for all 14 parts of the model are taken together as a global measure, these institutions rank lowest on community-oriented care and they are also found to have resident child populations with the lowest overall competency levels.

Extremist Exception Institutions

Four (4) institutions in the sample did not cluster at all. They have been labeled extremist exceptions because examination of their community-orientedness and resident population competency scores indicates that they all differ due to extreme orientations.

Two (2) of these institutions are in fact extreme survivor custodial institutions, another is an extreme rote skills institution, and the last has scores so low on all 14 parts of our model that it may be, in reality, a rare example of the classical custodial institution frequently discussed in the literature.

There seems to be no pattern of association between these emphases and resident population competency levels.

For example, children in the classical custodial institution do rank last as a group on Locus of Control scores, but they also rank 6th (among 32 institutions) in Verbal Abilities and 11th on TSRCS scores.

The impression drawn from the data analysis thus far is that many of the institutional clusters have child populations closely fitted to their modes of operations and service emphases.

This is shown in somewhat clearer fashion in Table 3-2 where institutional clusters have been ranked according to the aggregate competency levels for their resident populations on the three child competency measures.

Table 3-2

Institutional Cluster Ranks for Resident Population Competency Levels for the 3 Child Competency Measures

		Competency Measures		
Institutional Cluster	No. of Inst.	Verbal Abilities (LTIT)	TSRCS	Locus of Control
Tutorial	2	1*	7	4
Self Governing	2	2	1	1
Benign Custodial	10	3	6	6
Survivor Custodial	5	4	2	5
Community-Oriented	2	5	3	2
Rote Skills	2	6	5	7
Transitory Care	2	7	4	3
Extremist Exceptions	4			

*Ranked from 1 (highest) to 7 (lowest)

These rankings indicate that the institutions most heavily committed to child self management (Self-Governing) also have the most highly competent resident populations.

Resident populations in institutions committed to this concept to a somewhat lesser degree (Community-Oriented) also demonstrate high task/social relations (TSRCS) and self direction (Locus of Control) competencies.

Further, institutional clusters that appear to leave children to their own devices (Survivor Custodial and Transitory Care) have resident populations that score favorably on one or both of these competencies.

Conversely, those institutions that exercise substantial control over residents (Benign Custodial, Tutorial, and Rote Skills), have populations that measure lowest on task/social relations and self direction competencies.

Rote Skills institutions represent an exception to these general observations in that their populations do not demonstrate the high task/social relations skills that we had expected of them.

Whether these associations are the result of institutions selecting children to fit their modes of operation or the consequence of children actually changing as a result of exposure to a particular type of institution is partially resolvable by examining the flow of children through these institutional clusters over a two year time period.

To conduct this analysis we first computed institutional cluster mean scores for each of the three child competency measures for all children released in 1972, all children retained during 1972, and all new admissions for 1973.

We then utilized mean competency scores obtained on 1,025 noninstitutionalized children as standards to derive the extent to which releases, retainees, and new admissions deviated (above or below) from the means for the noninstitutionalized group.

Finally, each institutional cluster was ranked according to the extent of its deviations from the means for noninstitutionalized children and the ranks obtained on the three competency measures were averaged to obtain a single rank for each cluster's releases, retainees, and new admissions.

This procedure requires two assumptions. First, it is assumed appropriate to judge (rank) institutional performance by comparing resident competencies to those of noninstitutionalized children.

Secondly, it is assumed that properly functioning children's institutions release children who compare favorably with noninstitutionalized children and retain and admit children less capable than their noninstitutionalized counterparts.

Proceeding on these assumptions, Table 3-3 shows the flow of children through each institutional cluster.

Since we believe the most competent residents should be returned to their communities, releases are ranked from most competent (1) to least competent (7) comparing to the non-institutionalized cohort.

Conversely, institutions should continue to serve and admit children less competent than children in the general population. Therefore, retainees and new admissions are ranked in reverse, from least competent (1) to most competent (7).

These data provide further clarification of the relationship between institutional modes of operation and service emphases and the competency levels of their resident populations.

Certain institutional clusters (Self Governing and Tutorial) seem to have a need for and the capacity to attract a continuing supply of highly competent residents.

Others that require less of residents in the conduct of institutional affairs (Benign Custodial and Rote Skills) show high consistency in passing children with comparatively low competencies through their processes.

Interestingly, institutions busied with their own crises (Survivor Custodial) or dealing with children in crisis (Transitory Care) share a pattern of releasing their least competent children while retaining and admiting children whose competencies compare favorably with those of noninstitutionalized children.

Only the two community-oriented institutions approximate what we believe to be an appropriate flow of children. These institutions release children who compare favorably with noninstitutionalized children and admit children who compare quite unfavorably.

Taken together, these evaluations do suggest that community-oriented care at least modestly influences the competency levels of resident children and that in institutions wholly committed to this approach the impact upon residents is favorable.

Table 3-3

Institutional Cluster Ranks Determined by Comparing Global Competency Levels of Releasees, Retainees and New Admissions to Competency Levels for Noninstitutionalized Children

Institutional Cluster	1972 Releases		1972 Retainees		1973 New Admissions		Remarks
	N	Rank	N	Rank	N	Rank	
Self Governing	76	1MC*	70	7MC	53	5	Release, retain, and admit children of high competence.
Tutorial	32	2	71	5	25	7MC	Release, retain, and admit children of high competence.
Community-Oriented	20	3	46	3	26	1LC	Release, retain children of moderate competence, admit the less competent.
Benign Custodial	250	4	176	1LC	109	2	Release, retain, and admit the less competent.
Survivor Custodial	210	5	158	4	51	6	Release the less competent, retain and admit the more competent.
Transitory Care	43	6	8	6	45	4	Release the less competent, retain and admit the more competent.
Rote Skills	19	7LC	45	2	27	3	Release, retain, and admit the less competent.

MC = Most Competent
LC = Least Competent

As a general observation, however, it would seem that how well children are doing when released has more to do with how well they were doing when they were admitted than to what they were exposed while in residence.

This is not to say that children do not change during the time they spend in residence or that specific features of institutional operations do not influence their competency levels.

Indeed, our evaluations of length of stay and each of the 14 parts of the community-oriented model reported on in the following sections identify some of the ways that these factors contribute to the competency levels of resident children.

The Impact of Length of Stay on Residents' Competency Levels

There are two basic ways of measuring the relationship between a variable such as length of stay and residents' competency scores, namely, retrospectively and prospectively.

We conducted both types of analyses by taking the product moment correlation between length of prior stay and 1972 competency scores for samples of 1,238 to 1,255 resident children (retrospective analysis), and by examining the covariance between 1972 resident scores and scores for the same children continuing in care on the same measures 1 year later (prospective analysis).

From a retrospective standpoint, the correlations obtained indicate positive but negligible relationships between length of stay and child competency scores, as shown in Table 3-4.

Table 3-4

Product-Moment Correlations for Length of Stay and Competency Scores for Residents of 32 Children's Institutions

Competency Measures	N	r
Verbal Abilities (LTIT)	1255	.118
TSRCS	1243	.152
Locus of Control	1238	.291

Importantly, these positive overall correlations appear to mask a curvilinear relationship between length of stay and competency levels. When product moment correlations are taken for this relationship for the first 12 months of stay only, much higher positive correlations are obtained on all three measures of competency while substantial negative correlations are obtained for children in care 13 or more months (see Table 3-10).

In short, during the first year in care, competency levels appear to progressively increase while thereafter they decline significantly for the resident populations of the 32 institutions as a whole.

The possibility that the positive associations in particular are simply the consequence of child maturation rather than length of exposure to the institutional experience will be explored at a later point.

Recalling the somewhat more substantial overall correlations reported earlier between degree of community-orientedness and resident population competency scores, we were also interested in determining whether differences occur in the relationship between length of stay and competency scores depending upon the type of institution to which a child is exposed.

Product moment correlations were computed retrogressively for the aggregate resident populations of each institutional cluster to assess these differences.

This approach yielded some rather interesting patterns as shown in Table 3-5.

These data suggest that as length of stay increases in Rote Skills institutions children experience a general--if slight--decline in all measured competencies.

On the other hand, Benign Custodial institutions and somewhat more impressively Tutorial institutions, demonstrate positive associations between length of stay and all competency scores.

Two other points are of interest. First, in institutions where children are left to their own devices (Survivor Custodial and Transitory Care) residents' sense of self direction (Locus of Control) appears to rise substantially in association with length of stay.

Table 3-5

Product-Moment Correlations for Length of Stay and Aggregate Resident Population Competency Levels for Institutional Clusters

Institutional Cluster	No. Inst.	No. Children	r for Length of Stay and:		
			Verbal Abilities (LTIT)	TSRCS	Locus of Control
Tutorial	2	89	.269	.201	.326
Benign Custodial	10	321	.198	.223	.151
Survivor Custodial	5	355	-.051	.250	.573
Rote Skills	2	62	-.076	-.051	-.315
Transitory Care	2	45	-.291	-.034	.498
Community-Oriented	2	60	-.643	.421	.317
Self Governing	2	107	-.782	-.002	.109
	25	1,039			

Secondly, length of stay is associated with very low Verbal Abilities scores as reflected in hefty negative correlations in Community-Oriented and Self Governing institutions. These two types of institutions it will be recalled place considerable emphasis upon child participation in institutional decision-making processes.

These differences between institutional clusters could result from the selective admission of groups of children having different competency levels, as previously noted.

To get at the extent to which child maturation and admissions selectivity account for the differences found in the data, prospective analyses were performed on residents' competency scores obtained on 632 children in 21 institutions in 1972 (t_1) and one year later (t_2).[1]

Two types of analyses were performed. Correlated t tests were utilized on the data to obtain the extent of differences between t_1 and t_2 for the sample as a whole; and, analysis of covariance (ACOVA) was utilized to determine the extent of the differences in t_1 and t_2 data between the 21 institutions.

Both of these methods adjust t_2 scores by pulling out the covariance between t_1 and t_2 scores, providing, as a consequence, a truer estimate of the actual amount of change that occurred than would be obtained by comparing raw scores.

In order to increase our precision in estimating change in resident competences, these analyses were conducted with all five subscales of the TSRCS as well as with the total scale score.

Table 3-6 presents the results of both of these analyses in summary form for ease of comparison.

The covariant f ratios are all highly significant indicating a substantial general relationship between t_1 and t_2 scores. This is hardly surprising since the same measures were administered to the same children at one year intervals.

---

[1] Time, cost and other considerations limited the retesting of children to 21 of the 32 institutions. This group of 21 institutions is composed of all those undergoing exposure to experimental projects (17) and a stratified random selection of nonexperimental institutions (4).

Table 3-6

Results of ACOVA and Correlated t Tests on t_1 and t_2 Resident Competency Scores

Child Competency Measure		ACOVA		Correlated t Tests
		Covariant f	f	
Verbal Abilities (LTIT)		301.55	4.168*	.68
TSRCS SUB-SCALES	Task	51.54	2.114	1.80**
	Cottage Mates	51.46	2.906	-6.20*
	School Mates	73.12	2.760	5.40*
	Cottage Parents	29.47	3.963*	- .50
	Teacher	27.55	2.950	2.30**
TSRCS (Total)		59.54	6.165*	- .99
Locus of Control		90.97	3.008	4.70*

*P<.01
**P<.05

df: 1,632

With this covariation extracted, the ACOVA f ratios show significant differences between t_1 and t_2 scores between institutional populations for Verbal Abilities, the total TSRCS, and the Cottage Parent subscale.

In contrast, the correlated t test results indicate significant differences between t_1 and t_2 scores on all competency measures--except the three showing significance in the ACOVA analysis--for the overall sample of 632 children.

Our interpretation of these results is that Verbal Abilities, General Task/Social Relationship Skills (TSRCS), and in particular Cottage Parent relationship skills are the competencies specifically effected by the institutional experience.

Conversely, significant changes in scores over a year's time for Task accomplishment, Cottage Mate, School Mate, and

Teacher relationship skills, and sense of self direction (Locus of Control) represent competencies effected by factors beyond the institutional experience.

The correlated t tests also disclose that over a year's time resident children advance significantly in social relationship skills vis a vis their school mates and teachers, while their relationships with cottage mates and cottage parents seem to deteriorate.

This cancelling out effect of the subscales helps explain the correlated t test result obtained for the total TSRCS.

Of equal importance, these results suggest that resident children progress favorably in the community context over time coincident with a drop in their ability to get along within their own institutions.

It may be that as resident children progress in the community context their resentment at not being returned to community living builds and is expressed negatively in relationships with institutional staff and peers.

Institutional staff appear to contribute unintentially to this situation by interpreting deteriorating on-grounds relationships as a worsening of resident child performance when, in fact, this deterioration may be a substantial measure of children's increased capacities for community living.

Findings supporting this observation are presented in detail in Chapter 5 which deals with the contribution of staff to effective institutional services.

In sum, our analyses of the impact of length of stay on resident competencies disclose meaningful effects concealed by the negligible general associations between the two variables.

The relationship between length of stay and resident competencies has been shown to differ depending on the type of institution within which a child resides. Also, changes in specific child competencies have been identified as attributable to the institutional experience itself, while change over time in other competencies has been shown to be consequence of factors lying outside the institutional sphere of influence.

It is to these institutional and other--namely child background--factors that we now turn our attention in an effort to isolate those specific factors that seem to exercise the most influence on the level and changeability of residents' competency levels.

The Effects of Specific Institutional Factors on Residents' Competency Levels

In order to isloate those specific features of institutional care exercising the greatest influence on residents' competency levels, a stepwise multiple regression analysis was performed on 1972 data on 1,238 to 1,255 children for each of the three child competency measures and data for the 14 parts of the community-oriented model.

The stepwise multiple regression program we used (BMD 02R) provided a cumulative ordering of the 14 parts of the model according to the amount of variance in competency levels explained by each part.

Table 3-7 gives the results of this approach for residents' Verbal Abilities competence levels.

In this and the two following tables a cut off point was utilized when the contribution to the cumulative variance explained (R^2) by the addition of a part to the series fell below a 2 percent increase.

Relative to Resident's Verbal Abilities competency levels, 8 features of institutional care account for 56 percent of the variance in children's scores.

The degree of heterogeneity in resident child populations (E2) explains much more of the variance in children's Verbal Abilities scores than any other part of the model.

Table 3-7

Stepwise Multiple Regression Results for the 14 Parts of the Community-Oriented Model of Care on Residents' Verbal Abilities Competency Levels

	Model Part	R	R^2	Increase in R^2	Direction of O-Order r (Community-Orientedness Level X Competency Level)
E2	Child Population Composition	.444	.197	.197	-
E1	Child Flow	.507	.257	.060	-
E5	Staff Capacity: Continuity	.565	.319	.062	+
I1	Replacement Planning	.594	.353	.034	+
E3	Restrictiveness of Admissions	.639	.408	.055	-
I6	Discipline/Rewards	.681	.464	.056	-
I3	Cent. Live/Eat Facilities	.715	.512	.047	-
I4	Comprehensiveness On-Grounds Prog.	.749	.561	.049	-
					cut off point
E7	Director Change Orientation	.756	.571	.010	-
I5	Daily Life D-M Pattern	.761	.578	.007	+
I7	Centralization of D-M	.766	.587	.009	-
E6	Staff Cross Flow	.768	.590	.003	+
I2	Child Stigma	.770	.593	.003	+
E4	*Staff Capacity: Depth	--	--	--	

*E4 not entered, did not meet f value criterion of .10 for inclusion

A pattern is clearly evident when the directions found in zero order correlations are taken into account.

Institutional policies governing the admission and retention of children (E3, E1) account for a substantial portion of the variance found in residents' Verbal abilities scores. High levels of competency on this measure depend upon the selective admission and comparatively long term retention of a relatively homogeneous resident population.

From the programmatic side, Verbal abilities competency appears to be effected positively by the maintenance of a stable staff (E5) implementing a well developed on-grounds (as opposed to community) program (I4) featuring emphasis upon replacement planning (I1) and relatively autocratic disciple/rewards systems (I6) within a context of centralized living and eating facilities (I3).

Importantly, the degree of resident child participation in institutional decision-making processes, and the extent of the exchange of institutional staff and community service personnel and residents contribute little or nothing to residents' Verbal Abilities competency levels.

In general, it would appear that Verbal Abilities competency is enhanced more by the custodial mode of institutional operations than by the community-oriented alternative.

Turning to residents' competency levels for task and social relationship skills, Table 3-8 indicates that 5 features of institutional care account for 29 percent of the variance in TSRCS scores.

The amount of variance explained in TSRCS scores by the 5 parts of the model above the cut-off point is not overly impressive. However, the pattern that emerges is of some interest.

Here such community-oriented features as staff continuity (E5), high emphasis upon use of community program resources (I4)-as opposed to on-grounds programming, relatively open admissions (E3) and substantial involvement of residents in institutional decision-making processes (I5) appear to contribute positively to overall TSRCS levels.

Once again, the more heterogeneous the composition of the resident population (E2) the lower the competency levels tend to be.

Table 3-8

Step Wise Multiple Regression Results
for 14 Parts of the Community-Oriented
Model of Care on Residents' TSRCS Competency Levels

	Model Part	R	R^2	Increase R^2	Direction 0-Order r (Community-Orientedness Level X Competency Level)
E5	Staff Capacity: Continuity	.289	.084	.084	+
E2	Child Population Composition	.427	.182	.098	-
I4	Comprehensiveness On-grounds Program	.481	.231	.049	+
E3	Restrictiveness of Admissions	.520	.271	.039	+
I5	Daily Life D-M Pattern	.539	.291	.020	+
- -	- - - - - - - - - - - - - - - - -	- - - -	- - - -	- - - - - -	- - cut off point - - - -
I3	Cent. Live/Eat Facilities	.555	.309	.019	-
E4	Staff Capacity: Depth	.568	.323	.015	-
E7	Director Change Orientation	.580	.336	.013	+
I6	Disciple/Reward	.589	.346	.010	+
E1	Child Flow	.593	.352	.005	+
E6	Staff Cross Flow	.596	.355	.004	+
I2	Child Stigma	.598	.358	.002	+
I1	Replacement Planning	.600	.360	.002	-
I7	*Cent. D-M	-	-	-	

I7 not entered, did not meet f value criterion of .10 for inclusion.

Finally, 7 parts of our model above the cut-off point account for roughly 39 percent of the variance in residents' scores on Sense of Self Direction (Locus of Control), as shown in Table 3-9.

Degree of institutional decentralization appears to be a more significant influence upon residents' sense of self direction than upon the other 2 areas of competency measured.

Greater dispersion of decison-making authority (I7), higher participation of residents in decision-making processes (I5) and decentralization of living and eating facilities (I3) are all linked with higher Locus of Control scores.

The contribution made by staff also appears to have an important bearing on residents scores in this competency area.

Smaller staff-child ratios (E4) and greater staff continuity (E5) are both positively associated with residents' sense of self direction while higher exchange between institutional staffs and host communities (E6) produces a negative association.

Consistent with previous findings, the composition of resident populations (E2) is a major factor, and greater heterogeneity is once again found linked with lower competency levels.

The first order conclusion from all these regression analyses is that the composition of an institution's resident population is consistently the major influence on all 3 child competencies measured. In all cases, overall resident population competency scores appear to suffer as heterogeneity increases.

Secondly, degree of staff continuity appears to play a important role in the development of all three types of competencies. Institutions with staffs that tend to hold their positions over long periods of time and that also continue to pursue educational and training experiences pertinent to their jobs appear to have a generally beneficial impact upon residents.

Beyond these points, it appears that residents actually profit from a more custodially oriented institutional experience in terms of developing Verbal Abilities competencies.

In contrast, more community-oriented programming and higher involvement of children in institutional decision-making processes appear to foster the development of task/social relationships skills.

Finally a general emphasis upon decentralization is associated

Table 3-9

Step Wise Multiple Regression Results for 14 Parts
of the Community Oriented Model on Residents'
Sense of Self Direction (Locus of Control) Competency Levels

	Model Part	R	R^2	Increase R^2	Direction 0-Order r (Community-Orientedness Level X Competency Level)
E5	Staff Capacity-Continuity	.302	.091	.091	+
E2	Child Population Composition	.439	.192	.101	-
E6	Staff Cross Flow	.524	.275	.082	-
I5	Daily Life D-M Pattern	.551	.303	.029	+
E4	Staff Capacity: Depth	.573	.329	.025	+
I3	Cent. Live/Eat Facilities	.603	.363	.034	+
I7	Cent. of D-M	.621	.386	.023	+
- -	- - - - - - - - - - - -	- - - -	- - - -	- - - -	- - -cut off point- - - - -
I2	Child Stigma	.634	.402	.016	+
I4	Comprehensiveness of On-Grounds Program	.642	.413	.011	+
I1	Replacement Planning	.650	.422	.010	-
I6	Disicple/Rewards	.653	.426	.004	-
E7	Director Change Orientation	.654	.428	.002	-
E3	Restrictiveness of Admissions	.656	.431	.003	-
E1	*Child Flow	-	-	-	

E1 not entered; does not meet f value criterion of .10 for inclusion.

with a more substantial sense of self direction among resident populations.

Associations Between Residents' Background Characteristics and Competency Levels

Since the foregoing analyses suggest the composition of resident populations to be a major determinant of competency levels, the degree of association was assessed between a number of child background characteristics and competency scores, the results of which are shown in tables 3-10 and 3-11 following.

Table 3-10

Product-Moment Correlations for Selected Resident Background Characteristics and Resident Population Competency Scores

Competency Measure	No. Children	Child's Age	Family Income	School Grade	Length of Stay	
					0-12 Mo.	13 Mo. +
Verbal Abilities (LTIT)	1255	-.006	.969*	.773*	.565	-.290
TSRCS	1243	.947*	.501	.858*	.804*	-.571
Locus of Control	1238	.889*	.555	.930*	.936*	-.295

*p < .01

Only length of stay and current school grade demonstrate significant associations with competency levels for all 3 measures.

Beyond this, current age level is associated substantially with TSRCS and Locus of Control competency levels[1], and rural/urban residence prior to placement is related to competency levels for Locus of Control and Verbal Abilities measures.

Parental availability has some importance relative to TSRCS scores (mother's whereabouts) and Locus of Control scores (father's whereabouts).

Finally, only Verbal Abilities scores are associated significantly with the factors of residents' race and family income levels.

These associations tend to further support the notion that selective admissions accounts for much of the difference in competency levels found between institutions, particularly when percentage distributions for background characteristics are computed for aggregated resident populations for each institutional cluster, as shown in Table 3-12.

The range of variation between the institutional clusters is greatest for the same background characteristics demonstrating the most substantial associations with competency levels in general (age, current school grade, and place of prior residence).

Interpretations from the Findings

1. Does the institutional experience have a generally negative impact upon residents?

The answer to this question is that it does not.

Comprehensive examinations of these findings indicate that the development of cognitive (Verbal Abilities measured by the LTIT), social (TSRCS), and affective (sense of self direction measured by the Locus of Control) competencies among residents is effected by differing mixes of institutional and other influences, in positive as well as negative directions.

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[1] A possible reason for these results is that the TSRCS and Locus of Control were not aged graded instruments. In contrast, the Lorge-Thorndike Verbal Abilities battery has been developed into a set of age equivalency measures. With age controlled in this manner, it is perhaps understandable that no correlation was detected between age and LTIT scores.

Table 3-11

Summary of t Test Results for Selected Resident Background Characteristics and Resident Population Competency Scores

Competency Measure

Background Characteristic		N	Verbal Abilities (LTIT)		t	TSRCS		t	Locus of Control		t
			$\bar{x}$	(SD)		$\bar{x}$	(SD)		$\bar{x}$	(SD)	
Sex	Male	703	30.79	(12.74)	1.114	28.63	(7.18)	1.720	13.46	(4.46)	1.081
	Female	552	31.64	(12.05)		29.22	(6.71)		13.78	(7.02)	
Race	White	1101	32.48	(11.88)	14.405*	28.83	(7.04)	1.120	13.62	(5.11)	1.277
	Black	154	19.62	(11.54)		29.40	(6.56)		13.27	(4.84)	
Prior Residence	Urban	665	30.57	(13.18)	2.341**	28.67	(6.80)	.974	13.70	(6.00)	2.572**
	Rural	377	31.67	(11.62)		28.82	(7.13)		13.42	(5.78)	
Mother's Whereabouts	Known	1079	31.53	(12.44)	.876	28.78	(6.99)	2.741*	13.55	(5.44)	1.482
	Unk.	176	30.91	(11.74)		29.46	(7.02)		13.94	(7.49)	
Father's Whereabouts	Known	991	31.37	(12.27)	.785	28.79	(7.07)	1.965	13.66	(6.09)	3.294*
	Unk.	264	31.81	(12.48)		29.13	(6.84)		13.38	(4.46)	

*P<.01 (2 tail)
**P<.05 (2 tail)

df: 1,∞

The Development of Cognitive Competency and the Institutional Experience

Correlational and correlated t test results for the sample as a whole indicate negligible change in Verbal Abilities competency over time in residence. In general, there is a hint of a slight decline.

These general results mask real differences that show up between types of institutions.

ACOVA results clearly indicate that the amount of change in cognitive competencies among resident populations over time is significantly different between institutions.

Further, examination of the correlations for length of stay and cognitive competency levels for aggregated resident populations in each institutional cluster reveals that children in participatory institutions demonstrate substantial declines in cognitive competencies while gains are shown in the cognitive competencies of their counterparts in non-participatory institutions.

There is considerable evidence to suggest, however, that these differences are largely explainable by factors other than the institutional experience itself.

An analysis of the flow of children through types of institutions, utilizing competency scores of noninstitutionalized children as a standard for comparison, indicates in general that institutions that admit children with high cognitive competency levels release children at a later time with corresponding high competency levels, and vice versa.

Further, the differential distribution of residents by background characteristics linked with cognitive levels, and the obvious explanatory importance of resident population composition as shown in the stepwise multiple regression analysis all point to the conclusion that selective admissions contributes heavily to the differences in cognitive competency levels found between types of institutions in comparative as well as longitudinal evaluations.

By deleting the contribution made by resident population composition from the regression analysis, we can conclude as a very rough estimate, that as much as 60 percent of the variance in cognitive competency levels may be attributable to factors beyond the institutional experience.

Table 3-12

Percentage Distributions for Selected Background Characteristics for Aggregated Resident Populations, by Institutional Clusters

Institutional Cluster	No. Inst.	Background Characteristics						Parental Whereabouts	
		Sex (% Boys)	Age (% Teens)	Race (% White)	School Grade (% HS)	Family Income (% +10,000)	Prior Residence (% Urban)	(% Mo. Known)	(% Fa. Known)
% Range		29–70	20–79	17–100	2–74	0–20	38–90	72–94	59–86
Community-Oriented	2	51	31	88	26	—	62	88	81
Benign Custodial	10	70	20	96	7	8	38	88	61
Survivor Custodial	5	45	20	98	11	8	52	83	69
Tutorial	2	36	70	92	2	15	44	94	86
Self Governing	2	29	79	95	74	20	56	86	72
Rote Skills	2	49	5	100	5	—	61	76	75
Transitory Care	2	60	20	17	4	—	90	72	59

What then does the institutional experience itself contribute to the development or decline in cognitive competency among residents?

Returning to the results of our stepwise multiple regression analysis, it is apparent that the development of cognitive competency is enhanced by relatively stable, highly controlled environmental conditions.

Being in residence with other children of high competence over relatively long periods of time and maintaining a continuous relationship with at least one staff member are all associated with high cognitive competence.

The setting of clear boundaries--as reflected in coherent replacement planning and strict centralized discipline/reward systems, the establishment of routine--reflected in centralized facilities and discipline/reward systems, and a concentration of programmatic supports on-grounds thereby deemphasizing child engagement in community all appear to support the development of cognitive competency.

These observations are supported by previously mentioned findings on the relationship between length of stay and residents' cognitive competency levels in different types of institutions.

Institutional types that require high child participation either by design (Community-Oriented and Self Governing or by default (Transitory Care and Survivor Custodial) offer much less in the way of preset behavioral boundaries, organized routine or on-grounds programmatic supports that operate to protect residents from community experience.

The cognitive competencies of resident populations in these latter types of institutions appear to decline over time. This appears to be particularly so in those institutions with programs designed to require high child participation.

The Development of Social Competency and the Institutional Experience

Correlational and correlated t test results suggest a slight decline in task/social relationship skills overtime among residents of children's institutions in general.

Once again, these general results mask real differences in the amount of change in this general area of competency that occurs between different resident populations over time as reflected in the ACOVA findings.

The ACOVA results also clearly indicate that residents' skills in getting along in a community context generally improve over time while their skills in getting along within their institutions deteriorate.

A significant contribution to this deterioration of skills appears to be made by the declining quality of the relationship between residents and their cottage parents over time.

Broadly speaking, only the two most community-oriented institutions appear to have a general beneficial impact on social competencies over time, as indicated in the results of the analyses of the relationship between length of stay and social competency levels, and child flow patterns for institutional clusters.

Combining the previously cited results on cottage parent relationships with those for the stepwise multiple regression analysis leads to the conclusion that social competencies are enhanced through a positive on-going relationship with at least one staff member within a relatively open institutional environment marked by high child exposure to community experiences and services and high participation in institutional decision-making processes.

Deletion of the portion of variance explained by resident population compositions in the regression analysis, however, suggests that factors other than the institutional experience itself may account for as much as 80 percent of the variance in social competency levels.

The importance of population composition in conjunction with the differential distribution of children by background characteristics and the absence of pronounced change within institutional clusters from admissions through release all suggest that selective admissions accounts for much of the variation found in social competency levels within the sample in general, between institutions, and over time in residence.

The one exception here appears to be the positive contribution of residential exposure to truly community-oriented care.

The Development of Affective Competency and the Institutional Experience

Correlational and correlated t test results indicate a significant growth in affective competency within the sample as a whole over time in residence.

In general, this growth appears to be attributable to factors lying outside the institutional experience itself.

Inspection of the correlations between length of stay and affective competency levels (Locus of Control) for the aggregated resident populations in each institutional cluster reveals positive associations for all but one cluster.

Further, ACOVA results indicate no significant differences in the amount of change in affective competency scores between institutions over time.

Finally, the now familiar references to the results of the flow analysis by institutional clusters and the differential distribution of background characteristics across clusters combined with the importance of resident population composition in the regression analysis, all point to the conclusion that patterns in affective competency scores are, by and large, the result of selective admissions and child maturation.

The removal of the contribution of resident population from the regression analysis leads to the gross estimate that as much as 75 percent of the variation in residents' affective competency scores results from influences other than the institutional experience.

A review of the results of the regression analysis tells us, on the other hand, that the quality and quantity of staff and the general degree of decentralization within institutions account for most of the variance in affective competency levels attributable to institutional exposure.

Generally speaking, those institutions that maintain high staff continuity, low staff-child ratios and call upon residents for high participation in institutional processes by design (Community-Oriented) or default (Survivor Custodial and Transitory Care) appear to have the most substantial beneficial impact on the growth of affective competencies over time in residence.

While the Staff Governing institutions also emphasize high resident participation, they are well below average regarding staff continuity and staff-resident ratios.

Perhaps the reliance on self government is so high that little attention is paid to the importance of staff contributions to the growth and development of residents in such institutions.

In any case, self governing institutions in this sample do not yield the marked increases in affective competency over time that the literature tells us to expect of them.

2. Is Community-Oriented Institutional Care better than Custodial Care?

Based on an evaluation of the results for the two institutions in the sample wholly committed to the community-oriented approach, the answer to this question is a qualified yes.

From the standpoint of the flow analysis, these are the only two institutions that generally accept children lower in competence than noninstitutionalized children and subsequently release children demonstrating competency levels at least equivalent to our noninstitutionalized cohort.

This suggests factors in the institutional experience--factors beyond those of selective admissions and child maturation--contributed positively to the growth of resident competencies.

This beneficial impact is at best partial, that is, limited to the areas of social and affective competency.

Institutions seeking to increase their impact upon residents in these competency areas would be well advised to move toward lowering staff turn over, increasing staff training and reducing staff-resident ratios in conjunction with modifying programs to place more emphasis upon resident participation in institutional decision-making processes and in community activities under community supervision.

Our findings would suggest, however, that changes involving the above program modifications might yield an institutional environment less conducive to the development of cognitive skills.

In regard to the development of cognitive skills, the more custodially oriented institution appears to have more to offer.

We are not, of course, talking about custodial care in the classical sense of severe routine, depersonalization and expreiential deprivation.

Still, institutions that tend to isolate residents from community by immersing them in relatively routinized, well defined, highly disciplined, and comprehensive on-grounds programs primarily controlled by staff tend to have more substantial positive impacts on residents' cognitive competency levels, selective admissions and child maturation not withstanding.

It is also quite clear from the findings that institutions moving to better meet community need by broadening admissions policy to accept a wider variety of children can expect a drop in the overall competency levels of their resident populations.

In short, institutions moving in this way to better meet community needs should be prepared to explain to their supporters and community why they appear to be doing a less effective job with their resident populations than they did prior to such changes.

In sum, the nature of the institutional experience itself--regardless of length of stay--appears to have only very modest beneficial or harmful effects on the development of residents' cognitive, social, and affective competencies.

Generally speaking, the greater share of the differences in competency levels found between institutions is attributable to selective admissions/retention/release policies and decisions. Similarly, much of the change in residents' competency levels over time in residence appears to be traceable to the effects of child maturation.

No uniformly superior type of institutional care emerges. The more Community-Oriented and the more Custodially Oriented institutions harbor both advantages and disadvantages for the growth and development of children.

Indeed, given the present state of our technical skills in shaping the growth and development of children in care, it would seem that something of a dilemma faces institutions in attempting to simultaneously meet the two primary goals we initially posed.

Institutions that decide to move in a community-oriented direction to improve upon the goal of meeting community needs will be confronted with the prospect of greater difficulties in meeting the goal of preparing the residents they accept for community replacement.

Increasing an institution's integration with and sensitivity to its community implies the acceptance of a wider variety of perhaps more problematic children for shorter lengths of stay within an environment that emphasizes child participation.

To meet both goals simultaneously, institutions would seem to need far greater skills than those currently exhibited in harnessing institutional processes and child participation within them to accomplish the task of resolving the problems of increasingly difficult resident populations within shorter periods of time.

The results for Transitory Care institutions suggest that unless mastery is achieved in this regard, higher community integration may simply yield internal chaos with generally detrimental implications for residents.

CHAPTER IV

INSTITUTIONAL EFFECTIVENESS IN TERMS OF INSTITUTIONAL CHANGE

As suggested in the last chapter, children's institutions face a serious dilemma when attempting to fulfill both of their primary goals simultaneously.

Unless a well integrated plan is set forth to do this job, one goal may suffer in the process of attempting to meet the other.

Many institutions in our sample have concentrated their efforts on developing well articulated programs designed to prepare residents for a return to adequate community living.

In doing so, they have specialized their approaches, narrowed their admissions policies and continued to cultivate only those community relationships thought necessary to the support of these efforts.

Remoteness from their community environments and a lack of sensitivity to changing community needs appear to be a major consequence.

On the other hand, some institutions have enthusiastically embraced their communities, placing highest priority on integrating their services with the widest possible network of community agencies and sources of support.

In some cases this effort appears to be based on the need to survive while in others there seems to be a genuine interest in responding to changing community service demands.

Whatever the reason, an over emphasis upon meeting changing community needs is often associated with a neglect of internal programs and services that in some instances have degenerated to a level bordering on chaos.

In this chapter we report the findings on our efforts to stimulate institutional change in a community-oriented direction through the implementation of experimental projects with groups of institutions in three different localities in Georgia.

Our interest was in measuring the quantity and quality of institutional change in these three experiments so that we might comment on the capacity of different types of children's institutions to respond to externally created demands for change in a community-oriented direction.

In brief, the three experimental projects introduced a Uniform Content Agenda on community-oriented care drawn from the 14 part model in time sequenced fashion over a one year period.

The projects differed in the method of introduction utilized and the mix of participants exposed to the experimental processes, as follows:

The Social Sponsorship Project
(Savannah, 6 institutions)

This project utilized a detached unit of five Institute personnel set up to operate as a community-wide service. The Unit maintained an office in Savannah and sought to sponsor community-oriented care by utilizing the media to increase public awareness, by conducting research investigations and disseminating the results, and by bringing together a wide variety of child welfare and lay citizen groups with children's institutions in cooperative ventures developed by and sponsored through the Unit.

The Community Leader-Institutional Director Project
(Macon, 5 institutions)

This project utilized a year long sequence of group meetings between institutional directors and community leaders in the provision of children's services. The sessions were conducted and guided by an Institute employee and a full-time assistant throughout their life.

The Staff Development Project
(Atlanta, 6 institutions)

This project attempted to stimulate change by utilizing what we determined to be the most promising current techniques of in-service training--including audio-visual aids, use of expert consultants, and trial experiments and organized feedback sessions--with the entire staffs of six institutions. The project was led by an Institute employee, a full-time assistant, and selected consultants during its life.

Change Expectations by Type of Experimental Project and Type of Institution

All institutions subsequently exposed to experimental processes (as well as nonexperimental companions) were initially baselined in detail on the degree of community-orientedness in the External Dimension (E) and Internal Dimension (I) of their operations according to our 14 part model of care.

Since we were attempting to stimulate change in a community-oriented direction, our general expectation was that our efforts would have greatest impact upon institutions deficient in community-oriented approaches.

We expected our efforts to simply reinforce or provide further support for the continuation of existing efforts in institutions already well along the path in providing community-oriented care.

Although we were well aware of the prevailing view in the literature that custodial institutions are most reluctant to change, our "deficiency hypothesis" told us that these institutions might be most vunerable to external stimuli and show the most marked changes.

Regarding the effects of the projects themselves, we expected Social Sponsorship to have the broadest impact producing the greatest change in both the Internal and External Dimensions of institutional care, largely as a consequence of the method of exposing content about community-oriented care and the scope of community involvement.

We expected the Leader-Director Sessions project to produce change primarily within the External Dimension of institutional care, and, by contrast, Staff Development was expected to produce change primarily within the Internal Dimension of institutional operations. These expectations were also based upon the anticipated combined effects of the methods involved and the scope of participation in these two projects.

Institutional Change Rates by Type of Experimental Project and Type of Institution

During the life of each of the experimental projects a large number of change recommendations in a community-oriented direction were made by Institute personnel and participants.

The total number of change recommendations made within each project serves as a beginning point in measuring subsequent institutional change.

Table 4-1 gives the total number of recommendations made for each of the two basic dimensions of institutional care within each experimental project and shows the percentage of recommendations initiated by various participant sources.

The Social Sponsorship project produced the fewest change recommendations while yielding the most even distribution of recommendations across the two basic dimensions of institutional care.

More importantly, this project stimulated more self initiated change recommendations than the other projects combined (45 percent compared to 14 percent in Macon and 26 percent in Atlanta).

Of interest also is that the Leader-Director Group Sessions Project failed completely to establish a channel for soliciting recommendations from institutional staff members.

In general, the bulk of self initiated change recommendations across all projects dealt with the Internal Dimension of care and the goal of preparing children for community return, while recommendations related to the External Dimension of care and the goal of meeting community needs largely came from project personnel and other external sources.

Institutional change rates were computed for each institution in order to conduct comparative evaluations of the impact of the three experimental projects on differing types of institutions.

Change rates were derived for the External Dimension, Internal Dimension, and combined Totals by use of the following simple formula:

Table 4-1

Number of Community-Oriented Change Recommendations by Experimental Project and Source of Initiation

Experimental Project	Community-Oriented Model Dimension	Number of Community-Oriented Change Recommendations	% Initiated by Project Personnel*	% Initiated by Institution Directors	% Initiated by Institutional Staff
Social Sponsorship (Savannah)	E	35	75.0	25.0	—
	I	23	25.0	60.0	15.0
	Total	58	55.0	34.0	11.0
Leader-Director Group Sessions (Macon)	E	52	82.0	18.0	—
	I	18	94.0	6.0	—
	Total	70	86.0	14.0	—
Staff Development (Atlanta)	E	24	91.0	7.0	2.0
	I	48	67.0	12.0	21.0
	Total	72	74.0	11.0	15.0

*Includes change recommendations initiated by external community sources channeled into the experiments through project personnel.

$$Cr = \frac{Rc}{Rt} \cdot Cx$$

Where

Cr = Change rate

Rc = Number of changes confirmed[1]

Rt = Total Project Change Recommendations

Cx = Degree of Complexity of Changes Made

Degree of complexity was established by scoring each confirmed change from 1 (low) to 4 (high) depending on the nature and number of other sources engaged in carrying out the change (See Diagram 2-5).

Table 4-2 presents change rates for each institution within each of the three experimental projects as well as summarized change rates for experimental projects, institutions classified as to starting points, and for nonexperimental comparison institutions.

(Insert Table 4-2, P 141)

Institutional Change Rates: Experimental/Nonexperimental Comparison

Moving from the more general to the more specific in evaluating the findings presented in Table 4-1, we can see that in terms of the Grand Totals more change was recorded for experimental than for nonexperimental institutions over the one year time period.

Importantly, most of the difference in change rates is attributable to the higher level of complexity in changes

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[1] As outlined in Chapter II, a quasi legal evidence process was employed to confirm or validate each institutional change. Briefly, directors were interviewed to obtain changes made during the experimental year. All stated changes not confirmed by at least 1 external source directly affected by the change, and/or not confirmed by follow-up questionnaire inquiries submitted to directors were discounted.

Institutional

Institutional Starting Point on Community-Oriented Care		SAVANNAH Social Sponsorship (N=6)							Direct	
		% ·	Cx	=Rate	% ·	Cx	=Rate		% ·	Cx
-E-I	E	--	--	--	.23	2.76	.63	E	.52	1.6
	I	--	--	--	.15	2.86	.43	I	.44	.8
	Tot	--	--	--	.20	2.68	.54	Tot	.50	1.2
-E+I	E	.22	3.36	.74				E	.35	3.2
	I	.35	2.52	.88				I	.18	1.0
	Tot	.26	3.00	.78				Tot	.27	2.8
+E-I	E	.35	3.00	1.05	.16	1.76	.28	E	.16	2.1
	I	.47	2.50	1.18	.06	2.00	.12	I	.11	1.0
	Tot	.36	2.60	.94	.13	1.80	.23	Tot	.13	1.7
+E+I	E	.21	2.76	.58						
	I	.50	2.36	1.18						
	Tot	.33	2.52	.83						

		SAVANNAH				MAC	
		% ·	Cx	=Rate		% ·	Cx
Project Totals	E	.20	2.56	.51	E	.26	1.6
	I	.25	2.80	.70	I	.13	1.2
	Tot	.21	2.64	.55	Tot	.21	1.6

Table 4-2

Institutional Change Rates by Type of Experimental Project and Institutional Starting Point

MACON
Community Leader-Director Group Sessions (N=5)

	%	Cx	Rate	%	Cx	Rate
E	.52	1.60	.83	.26	1.56	.41
I	.44	.88	.38	--	--	--
Tot	.50	1.24	.62	.22	1.56	.34

	%	Cx	Rate	%	Cx	Rate
E	.35	3.28	1.15	--	--	--
I	.18	1.08	.19	--	--	--
Tot	.27	2.84	.77	--	--	--

	%	Cx	Rate
E	.16	2.16	.35
I	.11	1.00	.11
Tot	.13	1.76	.23

ATLANTA
Staff Development (N=6)

	%	Cx	Rate
E	.12	4.00	.48
I	.10	3.16	.32
Tot	.11	3.32	.37

	%	Cx	Rate	%	Cx	Rate
E	.10	1.32	.13	.12	1.25	.15
I	.17	2.08	.35	.18	2.01	.36
Tot	.12	1.80	.22	.14	1.76	.25

	%	Cx	Rate	%	Cx	Rate
E	.06	1.52	.09	.08	2.16	.17
I	.14	1.44	.20	.12	2.44	.29
Tot	.11	1.44	.16	.09	2.32	.21

	%	Cx	Rate
E	.06	1.52	.09
I	.10	2.28	.23
Tot	.09	2.12	.19

MACON

	%	Cx	Rate
E	.26	1.68	.48
I	.13	1.24	.16
Tot	.21	1.60	.34

ATLANTA

	%	Cx	Rate
E	.11	1.92	.21
I	.10	2.12	.21
Tot	.11	2.04	.22

tional Starting Point

TLANTA

elopment (N=6)

e

%	Cx	Rate
.12	1.25	.15
.18	2.01	.36
.14	1.76	.25

%	Cx	Rate
.08	2.16	.17
.12	2.44	.29
.09	2.32	.21

TOTALS BY:

		Experimental Starting Points %	• Cx	= Rate			Nonexperimental Comparisons %	• Cx	= Rate
	E	.23	1.98	.46		E	.03	1.39	.04
	I	.14	1.38	.19	(N=3)	I	.06	1.48	.09
-E-I	Tot	.21	1.76	.37		Tot	.04	1.45	.06
	E	.16	2.26	.36		E	.07	2.68	.19
	I	.17	1.50	.26	(N=2)	I	.09	1.32	.12
-E+I	Tot	.15	2.00	.30		Tot	.08	1.60	.13
	E	.16	2.12	.34		E	.15	2.44	.37
	I	.18	1.88	.34	(N=2)	I	.23	1.32	.30
+E-I	Tot	.16	1.98	.32		Tot	.26	1.60	.42
	E	.14	2.14	.30		E	.23	1.36	.31
	I	.30	2.32	.70	(N=2)	I	.33	1.28	.42
+E+I	Tot	.20	2.32	.46		Tot	.29	1.32	.38

GRAND TOTALS

	EXPERIMENTALS (N=17) %	• Cx	= Rate		NONEXPERIMENTALS (N=9) %	• Cx	= Rate
E	.19	1.91	.36	E	.11	1.84	.20
I	.16	2.05	.33	I	.19	1.32	.25
Tot	.18	2.00	.36	Tot	.16	1.44	.23

initiated by experimental institutions rather than in the gross number of changes undertaken.

This observation holds regarding change rates for both the External and the Internal Dimensions of institutional operations.

In the most general sense then, the effect of experimental exposure appeared to be to encourage institutions to enter into more complex and difficult to negotiate changes than they might otherwise have undertaken.

Institutional Change Rates: Experimental Project Comparisons

A comparison of change rates for the three experimental projects tends to confirm our expectation that Social Sponsorship would have the most substantial impact upon children's institutions.

Change rates for this approach clearly exceed those for the other two projects and those obtained for nonexperimental institutions.

Also consistent with expectations, the Community Leader-Director Group Sessions approach yields a high change rate only for the External Dimension of care.

The results for the Staff Development approach are unexceptional: change rates are not in line with the expectation of high change on the Internal Dimension of care, nor are they in any manner different from rates obtained for nonexperimental institutions.

Degree of complexity contributed substantially to the change rates in the Social Sponsorship project, while somewhat less change of a substantially simpler nature was recorded in the other two projects.

In sum, Social Sponsorship would appear to be the change technique of choice if widespread complex change is sought within children's institutions and between them and their environments.

If a more limited objective is sought, specifically related to the issue of increasing the integration of children's institutions with their environments to upgrade their responsiveness in meeting community needs, the Community Leader-Director Group Sessions approach would seem to hold promise.

Finally, serious questions must be raised on the basis of these results about the efficacy of Staff Development as a change technique.

Staff Development may have high merit as a tool for indoctrinating new employees and upgrading existing employee skills and service delivery methods, however, the evidence in this study suggests that it may be an impotent method for inducing institutional change.

Institutional Change Rates: Comparisons by Institutional Starting Points

Inspection of change rates in Table 4-2 for institutions with differing starting points on community orientedness *within* each experimental project, for institutions with the same starting points *across* projects, and for summarized change rates for experimentals *vs* nonexperimentals at each of the four starting points, reveals no clear pattern of association.

In general this suggests that change rates were essentially uneffected by the degree of community orientedness present in institutional operations at the start of the three experiments.

This observation is further supported by our attempts to determine how institutions cluster together on the basis of change rates.

Drawing upon the labels previously assigned to institutions according to their profiles on community-oriented care, Diagram 4-1 shows the specific types of institutions engaged in each of the three experiments in association with the starting points utilized to classify them.

Data on change rates were reorganized for each of these experimental institutions to obtain change rates for 13 of the 14 parts of the community-oriented model.[1]

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[1] Part I7 "Director's Change Orientation" was omitted from this analysis.

Diagram 4-1

Types of Institutions in the 3 Experimental Projects Classified by Starting Points on Community-Oriented Care

Starting Point	Social Sponsorship (Savannah)		Leader-Director Sessions (Macon)		Staff Development (Atlanta)		Nonexperimental Comparisons
-E-I	Benign Custodial	Benign Custodial	Benign Custodial	Benign Custodial	Benign Custodial		Benign Custodial (N=3)
-E+I	Tutorial		Self Governing	Tutorial	Rote Skill	Rote Skill	Self Gov. • Rote Skill (N=2)
+E-I	Survivor Custodial	Extremist Survivor Custodial	Extremist Survivor Custodial		Extremist Survivor Custodial	Survivor Custodial	Survivor Custodial (N=2)
+E+I	Transitory Care				Community-Oriented		Community-Oriented (N=2)

Duncan's Multiple Range test of homogeneity was then applied to the data.[1] This technique compares each of the 13 change rates against a standard (in this case a 5 percent [+ or -] confidence interval for the sample average) and yields discrete sets of institutions with common change rate patterns, if any exist.

Our interest was in determining whether institutions tended to group themselves in terms of change rate patterns consistent with groupings derived through baseline and cluster analysis techniques on pre-experimental data.

The results were wholly unsupportive, that is, no discrete groups of institutions having common change rate patterns were identified by this analysis.

In short, neither starting point on community-orientedness assessed by baseline measures nor type of institution as determined by cluster analysis techniques appeared to be linked in any clear way with institutional change rates.

As a final way of looking at this relationship, all 17 experimental institutions were ranked, according to their starting points on community orientedness (utilizing canonical weights for ranking purposes) and Spearman rank order correlations were computed for External and Internal Dimension and Total change rates.

Modest *negative* correlations were obtained between degree of community orientedness and External Dimension change rates ($r_s = -.199$), Internal Dimension change rates ($r_s = -.439$), and Total change rates ($r_s = -.237$).

This is the only hint of support in the data for our "deficiency hypothesis", that is, that the greatest change would be demonstrated by institutions deficient in one or both dimensions of institutional care.

In general, however, it is safe to conclude that degree of community-orientedness present in institutional operations at the beginning of the experiments had little effect on subsequent change rates.

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[1] This technique is detailed in, Gene V. Glass and Julian C. Stanley, *Statistical Methods in Education and Psychology* (Englewood Cliffs, N.J.: Prentice Hall, 1970) pp. 382-83.

Those factors that seem to influence change rates more directly are identified and discussed in a following section on barriers to institutional change.

Institutional Change Rates: Replicate Comparisons

Finally, two sets of institutions with very similar starting points on community-orientedness can be compared within each of the three experiments to determine whether they demonstrated similar change rates.

The presumption here would be that, all other things being equal, institutions with similar starting points undergoing substantially the same experimental exposure should yield similar change rates.

Inspection of the change rates for all six sets of matched institutions reveals that substantial alignment in change rate patterns occurs for two sets only (for -E+I and +E-I institutions in the Atlanta project), an outcome that could easily have occurred by chance.

This suggests that factors extraneous to the nature of the experimental exposure itself contributed materially to the change rates recorded within and across the three experimental projects.

Very likely the obtained change rates--or their absence--reflect to an unspecified degree the quality of the interplay between project personnel and participants' personalities and work styles.

These results diminish but do not wholly erase the significance of the differences in change rates recorded for the projects as a whole.

They simply indicate that while the different experimental exposures induced different change rates, the rates recorded cannot be entirely attributed to the nature of the experimental exposure itself.

A Note of Experimental Project Costs

In order to establish that the differences in experimantal project impacts were not simply the consequence of grossly unbalanced investments, the amount of financial support provided for each project by major categories is given in Table 4-3.

Table 4-3

Cost of the Three Experimental Projects by Major Categories of Expense

Cost Category	Savannah (Social Sponsorship)	Macon (Leader-Director Sessions)	Atlanta (Staff Development)
Personnel	46,400	33,065	37,542
Consultant	-0-	-0-	2,734
Travel	1,365	1,099	1,523
Office Supplies/ Expenses	2,904	353	896
Materials	600	851	1,149
TOTALS	51,269	35,368	43,844

In our view, these figures support the conclusion that change rates were influenced more by how resources were utilized than by the gross amounts invested.

The Substance of Institutional Change

The foregoing analyses present the bare bones of institutional change, that is, the general type and amount of change that occurred and our views of the probable impact of experimental inputs.

In this section, discussion focuses on the quality of changes that occurred in each of the three experimental projects.

Generally speaking, the changes that occurred during the experimental year did not materially effect the composition of the resident populations of the 17 experimental institutions.

Comparisons of the competency levels of children in care prior to and retained during the experimental year with those for children admitted during that year (1973) for the 17 institutions indicates practically no meaningful differences between these groups, as shown in Table 4-4.

Table 4-4

Differences in Mean Competency Scores Between 1972 Retainees and 1973 Admissions in the 17 Experimental Institutions

Competency Measure		1972 Retainees			1973 Admissions			t
		N	$\bar{X}$	(SD)	N	$\bar{X}$	(SD)	
Verbal Abilities (LTIT)		444	31.23	(12.70)	258	30.75	(13.15)	.472
TSRCS Sub-Scales	Task	438	7.88	(2.64)	326	8.15	(2.78)	1.391
	Cottage Mates	437	5.80	(1.91)	271	5.51	(2.09)	1.883
	School Mates	438	5.51	(1.76)	326	5.58	(2.00)	.510
	Cottage Parent	438	4.08	(2.66)	326	4.39	(2.43)	1.684
	Teacher	438	4.78	(1.91)	326	4.94	(1.92)	1.167
TSRCS (Total)		438	28.14	(7.08)	325	27.57	(7.25)	1.087
Locus of Control		435	12.67	(4.31)	324	13.73	(5.10)	3.037*

*P<.01 (2 tail)

Since previous results indicate Locus of Control scores to be linked to children's age levels, the significant result for this measure may be attributed to a slight general trend toward accepting older children for placement.

On the whole, however, these results indicate that the institutional changes that occurred did not include any significant changes relative to the type of child being served.

Rather, most changes dealt with modifying institutional-community relationships, staff reallocations, and addition to or other alterations of service programs or delivery methods.

These results will be disappointing for those who believe that change in these institutions must begin with changing the type of child being served. On the other hand, the changes that did occur may portend a trend toward services to new populations.

During the course of the experimental year the directors of two institutions in two different experimental projects left their positions, one voluntarily and one involuntarily, as a direct result of our interventions.

In the former use, a director resigned when the board rejected plans for a reorganization of institutional operations to implement a community-oriented approach that had been developed in conjunction with project personnel.

In the latter case, the work of project personnel toward implementing community-oriented care was brought to the attention of an institution's board. The board acted in a variety of ways to move the institution toward the community-oriented model and in the process decided a change of director was necessary.

These comments are provided simply to illustrate that we were in earnest from the outset about stimulating change, and that over the life of the projects many of the participating institutions engaged in project efforts at an equally serious level.

The Substance of Change in the Savannah Project

A variety of approaches was utilized to stimulate change in this project. On several occasions, front page coverage in the local press was obtained informing the general public of project goals and progress.

Presentations were given by the Project Leader to a dozen welfare and civic groups and research investigations were undertaken followed by the mass distribution of findings in report form.

Technical assistance was provided as requested to all institutions, and, increasingly over the project's life to a total of 29 community organizations.

The project developed and offered three comprehensive plans to improve aspects of services including a design to utilize the project as a community-institutional clearinghouse-referral outlet, a plan to utilize undergraduate social work students at two local universities in a variety of volunteer services in children's institutions, and an approach to better systematize relationships between institutions and the Juvenile Court.

In terms of community integration efforts, the project increased the frequency of formal planning meetings between the several children's institutions, helped effect the initiation of counseling services between the community mental health center and two institutions, and improved cooperation between state licensing officials and local institutions contributing thereby to the relicensing of one institution.

Additionally, two institutions were brought together to conduct joint intake-referral and another was materially aided in effecting a formal link with the juvenile court relative to acceptance of referrals from that source.

The project also located and distributed cost analysis materials for institutions that subsequently led to the development of a uniform cost model by the Institute and its experimental implementation on a statewide basis.

The project had a substantial impact on internal institutional programs as well. Through its efforts, volunteer tutorial and recreational services were begun in three institutions utilizing local college undergraduates.

Technical assistance was provided in rewriting a previously rejected proposal for federal funding of a special educational program that led to its subsequent acceptance and implementation.

Also, decision-making structures were substantially altered in two institutions affording residents' more participation and reward/discipline systems were altered in two others along more community-oriented lines.

The most striking effects occurred in one institution where a thoroughgoing alteration of programs was initiated. In this institution, a plan was effected to transfer residents from public schools from one county to another that was nearer the institution and offered a better range of special programs and activities.

Further, a recommendation was made to the board and acted on to transfer institutional funds to a higher interest bearing account. This increased institutional income by roughly $11,000 yearly allowing the hiring of a Director of Social Work as part of the overall plan to effect a community-oriented program.

Unanticipated Changes

Much change also was stimulated in service agencies only tangentially related to children's institutions.

While these changes were not tabulated for use in our comparative analyses, they were of consequence.

Among other developments, project staff developed and implemented a tutorial program for children in a delinquency day care program and located a local private foundation that subsequently granted $1,000 to fund a summer recreational program for these children as well.

Further, project technical assistance led to a revitalization of the local YWCA program and a substantial increase in its integration with the community relative to the racial integration of its programs and a refocusing of services upon neighborhood residents and school children.

Findings from project research investigations of the juvenile court were utilized by the local chapter of the Council of Jewish Women in preparing their contribution to a national study of juvenile services carried out by their parent organization, and United Community Services utilized other survey findings in reaching decisions regarding funding local day care services.

These simply represent the highlights of the project's impact in Savannah. Much more occurred that cannot be included in summary form.

It is obvious, however, that many changes of a complex sort were stimulated. Of equal importance, the project's efforts helped produce roughly $120,000 in support for local programs during its life thereby repaying the initial investment twofold while producing the most potent impact of the three experiments we tried.

The Substance of Change in the Macon Project

Over the period of one year an attempt was made to stimulate institutional change in a community-oriented direction by bringing institutional directors into relatively intense face-to-face meetings with juvenile court, welfare, private social service agency, educational and other leaders from the locality.

Efforts to stimulate change included the introduction of a wide variety of information in these meetings including the following:

1. Case materials on a then current federal law suit in Alabama charging voluntary institutions there with racially biased admissions policies. This suit was material to several local institutions because they had not signed civil rights compliance forms and, depending on the outcome of the case, their tax exempt status could be threatened.

2. Materials were presented and discussions were held with federal officials on wages and hours legislation and the implications of same for current staffing patterns and the need to modify these patterns to comply with the law.

3. Materials were presented and discussions were held with state officials on licensing standards. These discussions were crucial since two institutions were functioning with outdated licenses when the project began.

4. The juvenile court was drawn into several meetings regarding referral processes, and at a later time on a matter of extreme local importance, namely, the county commissioner's decision to sell the county funded children's home for $250,000.

5. The local welfare department was engaged on matters of referrals, the effect of civil rights compliance on same, and the lack of case work contact with residents and their families.

6. Cost analysis materials were introduced and discussions were held with non local institutional directors who had successfully utilized them.

7. Methods and instruments for conducting institutional program self evaluations were developed by the project leader and introduced at a series of meetings.

8. The project developed a curriculum for child care staff training and obtained the cooperation of the local vocational-technical school to conduct a training program that was then offered to the institutions.

9. Finally, local private social service agency personnel were brought to the meetings to discuss new service techniques related to the use of groups, working with parents, and child participation in decision-making processes. This approach was augmented by the project leader's presentation of a paper on how to design and implement behavioral modification approaches in an institutional setting (Gardner, 1973).

Once again, these are the highlights of the project's work effort over the experimental year.

In spite of the relevance of many of these issues to local children's institutions and the ability of project personnel to provide technical assistance within limits, the number and types of changes stimulated by this project were not overly impressive.

Most change that did occur and that could be traced to project efforts involved increasing the integration of children's institutions with the service elements of the locality.

One thing that was obvious throughout the life of the project was that the group meeting context proved to be highly threatening to participants when the focus moved to the need for internal program changes.

Apparently, disclosure of needed changes in internal programming in the presence of one's colleagues and outsiders represented admissions of failure. Perhaps there was also fear of inviting criticism. In any event, this process appeared to strongly work against stimulating change within institutions during the comparatively short period of its one year life.

On the other hand, somewhat more freedom of expression was tolerated relative to issues between institutions and the community itself. To appreciate the progress that was made in this area, it should be noted that at the beginning of the project one director did not know the name of the juvenile court judge although he had been on his job for nearly ten years and the judge had been in office even longer.

Among the more obvious outgrowths of this project were the welfare department's efforts to increase referrals to institutions and to step up case work efforts with residents and their families.

The juvenile court also issued a directive requiring more frequent visits and case assessments of residents by court workers, and, an agreement was reached between two institutions and court services to accept residents of the public children's home upon its closing.

A self evaluation was conducted by one institution leading to plans for a complete overhaul of programs, and admissions policies were altered in another to admit older (teenage) children.

Staff from all institutions in the locality attended the child care training program at the vocational-technical school, and officials of the school indicated they would work to make this program part of their on-going curricula.

Communications with state officials were improved contributing to the relicensing of two institutions and the directors voted to continue the leader-director sessions on a formal basis following termination of the experimental project.

Largely as a consequence of the publicity attached to the announced sale of the locally funded children's home, project personnel were able to effect a communications link between the children's institutions directors and the county commissioners as well.

For the first time in recall, the county commissioners solicited formal input from the directors collectively on the planning and provision of children's services.

Some changes also occurred relative to the internal aspects of institutional operations.

One institution moved to alter the purpose of its higher education fund so that it could be used for vocational as well as college education by residents. Eventually, plans called for use of this rather substantial fund by community residents as well.

One institution moved to alter staffing patterns to conform with wages and hours legislation and to adopt a policy of hiring cottage parent couples exclusively for its older children's cottages.

Two other institutions were prompted to experiment with behavior modification techniques by altering their reward/discipline systems and incorporating a published set of behavioral guidelines.

One of these institutions also launched a pilot project relative to parental overnight visits on campus and the providing of counseling while they were there.

In general, however these internal changes were entered into haltingly. As shown in previous data, most initiatives in this project did not come from the institutional directors. Leadership in these matters largely fell to the project director or community leaders.

Moreover, the changes that did occur were generally of a simple variety involving no more than negotiations between one institution and one other source and/or the unilateral issuance of a policy or program change requiring no involvement of other sources to implement.

Unanticipated Changes

A variety of unanticipated consequences also came to light in this project. Most of them were a negative sort, that is, contrary to the goals and sense of community-oriented care.

One director left his position after his board flatly rejected his plan to move toward community-oriented care, and another director in essence removed himself from the experimental project early on as result of conflicts with the other participants.

The process itself also appeared to contribute to the hardening of some participants views toward institutional change.

Several, for example, indicated strongly as time passed that government intervention would have to be applied to make them change their policies governing the admission of racial minorities and/or living up to wages and hours legislation.

On the latter issue, one director who begin with a relatively open mind finally concluded that although he had plenty of money to upgrade salaries he would not do so unless legal force was applied.

On the other side of the fence, some community leaders became upset when the institutions failed to reciprocate by making changes to facilitate the flow of referrals and communications after they had taken the lead.

In these cases, a "show me" attitude emerged, that is, community leaders refused to engage further until the institutions demonstrated good intent.

Finally, the opportunity to impact community services for children that presented itself in the sale of the public children's home was missed by the project's participants.

Communication with the county commissioners did occur but the participants' failure to produce timely alternate recommendations and plans probably contributed to the commissioners' decision to simply purchase another children's home rather than to move toward a more innovative service approach.

These changes, mostly negative in character, may reflect one of the hazards inherent in using the group sessions approach to inducing change.

For the record, these negative consequences were not incorporated in our quantitative evaluations because our central concern was upon evaluating the extent of induced change in a community-oriented direction across the three projects.

The Substance of Change in the Atlanta Project

The staff development approach used in Atlanta had the least overall impact upon participating institutions.

Very few efforts were made to alter the relationships between institutions and their community environments.

Among those few, three institutions began to collaborate on implementing a joint intake-referral process, one institution made a minor alteration in its admissions policy, and two others substantially modified their fund raising and allied activities switching to solicitation of cash contributions over which they would have allocation control and away from appeals for donations in kind.

Finally, one institution eliminated its tradition of inviting community groups to visit the institution and replaced it with an open door policy coupled with the right of cottage parents to refuse admission of nonparent visitors to cottages.

Project personnel attempted to stimulate change following initial exposure to various exponents of the external dimension of the content agenda without much success.

Efforts to improve their relationships with state officials, to develop formal linkages with local educational and vocational training facilities, and to utilize the professional expertise of local professional organizations all failed.

The project did stimulate a fair number of initiatives toward changing internal aspects of programming.

In this area one institution reversed its policy and began to allow older children to seek part-time employment in the community.

This institution and two other substantially altered their decision-making structures to allow children greater influence in setting policies or dress, dating, overnight visiting and selection of friends. One of these institutions struck down a past policy of disciplining all residents for the indiscretions of a few.

One institution also initiated cash allowances and another eliminated a policy separating siblings of opposite sexes by setting up a mixed sex cottage for sibling groups.

Finally, the role of cottage parents was expanded in two institutions where case records were made available to them for the first time, and a new decision-making structure was adopted involving cottage parents in admissions and replacement processes.

While the number of changes stimulated by the project was not impressive, many of them were fairly complex involving several levels of staff, resident children, and occasionally residents' parents or other outsiders.

One of the more remarkable results of this project emerged during the evaluation phase, namely, the pervasive insistence among institutional participants--directors and all other levels of staff--that they were already fully engaged in community-oriented services.

This feedback differed so greatly from that obtained from participants in the other two experimental projects that we were moved to conclude that the staff development approach may have served to propagandize those exposed to it.

The staff development approach conveyed information on our community-oriented model in a far more formalized way and at an appreciably higher level of detail than was provided in the other two projects.

This may have provided participants with more background to both form more elaborate rationalizations and to feedback more precisely what they thought we wanted to hear.

Since most of the institutions in the Atlanta project were not markedly community-oriented in operations at the beginning of the experiment and did not change during the course of exposure, it seems reasonable to account for these claims in the above manner.

Unanticipated Change

Interestingly, the Staff Development approach yielded little or nothing in the way of unanticipated change that we could validate.

It is possible, if the remarks about rationalization among participants are accurate, that the unexpected changes were primarily attitudinal in nature.

This cannot be determined in any precise sense, however, since staff attitudes were not measured post experimentally in an organized manner.

Barriers to Institutional Change

In an effort to identify the barriers to institutional change we developed a Director's Institutional Change Questionnaire comprised of 82 goal statements in a community-oriented direction that were dealt with in all three experimental projects.

These 82 statements were fitted to the 14 parts of the community-oriented model for purposes of analysis and then the questionnaire was submitted post experimentally to directors in all experimental (N=17) and nonexperimental comparison (N=9) institutions.

Each director was given a scoring key listing common barriers to institutional change and was asked to identify the barrier preventing change for each goal statement in his institution, if any, or to write in a barrier not listed in the key.

Twenty (20) complete responses were obtained (17 experimentals and three nonexperimentals) and the results are presented in summary form for perceived barriers preventing change in the external and internal dimensions of care in tables 4-5 and 4-6 respectively.

These results indicate overwhelmingly that institutional directors perceive practically no barriers to implementing a great variety of community-oriented changes in both the external and internal dimensions of their operations.

As a group, the directors perceived no barriers to change on 82 percent of all the community-oriented goal statements.

Table 4-5

Directors' Perceptions of Barriers to Community-Oriented
Change in the External Dimension of Care
(N=20)

Barriers to Change	External Dimension Goal Statements E1 Improve Child Flow		E2 More Varied Child. Pop.		E3 Broaden Adm. Policies		E4 Increase Staff Depth		E5 Increase Staff Continuity		E6 Improve Staff Cross Flow		E7 Dir. Change Orientation		Totals External Dimension	
	No. Responses	% of Total	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No Barrier	79	79.0	108	68.0	143	80.0	72	90.0	79	79.0	135	69.0			616	75.0
Board Resistance	1	1.0	11	7.0	9	5.0	1	1.0	5	5.0	6	3.0			33	4.0
Lack On-Grounds Facilities/Equipment	--	--	4	3.0	5	3.0	--	--	--	--	14	7.0			23	3.0
Lack of Funds	1	1.0	4	3.0	--	--	--	--	3	3.0	3	2.0	NA		11	1.0
Staff Size/Training Inadequate	1	1.0	11	6.0	9	5.0	4	5.0	1	1.0	11	6.0			37	5.0
Community Resistance/ Lack of Facilities	6	6.0	2	--	14	8.0	--	--	1	1.0	6	3.0			29	4.0
Other Barrier	12	12.0	20	13.0	--	--	3	4.0	11	11.0	25	13.0			71	9.0
Totals (No. of items)	100 (5)	100.0	160 (8)	100.0	180 (9)	100.0	80 (4)	100.0	100 (5)	100.0	200 (10)	100.0			820 (41)	100.0

Table 4-6

Directors' Perceptions of Barriers to Community-Oriented Change in the Internal Dimension of Care
(N=20)

Internal Dimension Goal Statements

Barriers to Change	I1 Improve Replacement Planning		I2 Reduce Child Stigma		I3 Decent. Live/Eat Facilities		I4 Improve Child in-Community Program		I5 Increase Child D-M Involve.		I6 Improve Reward/Disc System		I7 Decent. D-M		Totals Internal Dimension		Grand Totals External + Internal Dimensions	
	No. Responses	% of Total	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No Barrier	104	87.0	54	90.0	104	75.0	77	96.0	71	88.0	168	94.0	156	98.0	734	90.0	1350	82.0
Board Resistance	1	--	--	--	4	3.0	--	--	--	--	1	--	1	--	9	1.0	40	2.0
Lack On-Grounds Facilities/Equipment	--	--	--	--	3	2.0	--	--	1	1.0	--	--	--	--	4	--	27	2.0
Lack of Funds	2	2.0	2	3.0	15	11.0	--	--	2	3.0	--	--	--	--	21	2.0	32	2.0
Staff Size/Training Inadequate	10	8.0	--	--	--	--	1	1.0	2	3.0	3	2.0	--	--	16	2.0	53	3.0
Community Resistance/ Lack of Resources	--	--	--	--	1	--	--	--	--	--	--	--	--	--	1	--	30	2.0
Other Barrier	3	3.0	4	7.0	13	9.0	2	2.0	4	5.0	8	4.0	3	2.0	37	5.0	108	7.0
Totals (No. of Items)	120 (6)	100.0	60 (3)	100.0	140 (7)	100.0	80 (4)	100.0	80 (4)	100.0	180 (9)	100.0	160 (8)	100.0	820 (42)	100.0	1640 (82)	100.0

Among other things, these data tend to confirm our model of community-oriented care as reasonable and quite feasible of implementation.

Barriers Outside the Institution

Directors perceive very few barriers to change in sources outside the institution itself.

Institutional boards and neighboring communities are seen as being likely sources of resistance to change on only two percent of all goal statements each.

Confirmation of these perceptions is available from other data. A study of the majority of the board memberships of the 32 institutions in the sample indicated that, in general, boards are reasonably receptive to the goals and approaches in the community-oriented model.

From a community standpoint, a community opinion survey conducted by one institution with Institute assistance yielded 56 completed replies reflecting, in the main, high level indifference to the institution's programs and goals.

This latter community orientation is reflected in the director's own expectations of community reactions to institutional changes obtained pre-experimentally. Data in Table 4-7 indicate that directors would expect an indifferent reaction from their communities in response to a variety of major programmatic changes on more than half of all occasions.

Barriers Within the Institution

If the barriers to change do not lie outside the institution, then one might expect to find them within the institution.

Here again, however, directors perceive few barriers to change.

Lack of on-grounds facilities/equipment, lack of funds, and inadequate staff together are perceived as likely barriers to change on only nine percent of the External Dimension goal statements, four percent of the Internal Dimension goal statements, and seven percent of all goal statements.

Table 4-7

Directors' Expectations about Community Reactions to Selected Major Program Innovations
(N=32)

	Expected Community Reaction:		
Program Innovation	Very Receptive	Lukewarm or Indifferent	Strong Disapproval
Admitted more Blacks	5	15	12
Admitting Mentally Retarded	2	19	11
Admitting Physically Handicapped	4	24	4
Increasing Proportion of Emotionally Disturbed	5	20	7
Admitting Delinquents	1	18	13
Hiring Black Service Staff	5	18	9
Starting Decentralized Group Homes in Community	11	18	3
Launching Fund Raising to Expand Present Program	12	14	6
Totals	45	146	65
% of Total	17.6	57.0	25.4

This striking absence of perceived barriers to change leads to the suspicion that simple inertia among directors may account for the reputation these institutions have for being slow to change.

This may have been particularly true prior to the beginning of the experimental projects.

At that time the view held by many state, local, and voluntary social service personnel that we interviewed was that children's institutions needed to change and yet simply seemed reluctant to do so.

Importantly, there was no clear or commonly expressed view of the direction that institutional change should take.

Our data for the 17 experimental institutions show that directors' change orientations were at best remotely associated with the types of institutional operations they were managing during this pre-experimental time period.

Specifically, the general level of community-orientedness in institutional operations bore little association with directors' perceptions of the adequacy of their program resources, namely facilities, funds, and staff ($r_s = .184$) and even less with the level of their satisfaction with current program operations ($r_s = .052$).[1]

This suggests at a minimum, that directors' desires for change (low satisfaction) and/or perceived barriers to change (inadequate resources) had little to do with the issue of community-orientedness.

A case can be made, referring to previous observations, that the felt need to change or standpat was not related to any particular service model or desired direction. In sum, there appeared to be no coherent issue or model around which directors' orientations could form. This could account for what many observers believed to be recalcitrance or indifference among institutional directors.

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[1] Spearman rank order correlations for these analyses were derived by ranking the experimental institutions on global level of community-orientedness (represented by canonical weights) and each director's mean score obtained from a series of items in the Baseline Questionnaire on perceived resource adequacy and satisfaction with current programs.

Exposure to the experimental projects appears to have modified directors' change orientations in an important way.

Specifically, it appears to have contributed to a clear polarization of directors' orientations. Rank orderings of post experimental data reveal that higher community orientedness in institutional operations is associated with higher director satisfaction with current programs (r_s = .652) and fewer perceived barriers to change within institutional operations (r_s = .520).

Directors running the more community-oriented institutions appear to have responded to clear external change stimuli in that direction by concluding they are doing the right thing (high satisfaction) and perhaps should be doing more of it (low perceived change barriers).

In contrast, Directors running the more custodially oriented institutions seem to have become more dissatisfied with their operations while identifying more barriers to change within their institutions.

This may mean that they recognized over time that they were not moving in an appropriate direction in conjunction with the recognition that there was little they could do about it.

Much of this is speculation, however, it should be noted that post experimental directors' orientations reflecting high satisfaction and fewer perceived change barriers are both linked positively with actual institutional change rates (r = .279 and .331 respectively).

Contrary to our "deficiency hypothesis" (that least community-oriented institutions would change the most), it appears that more community-oriented institutions changed the most.

Previously presented findings indicated that level of community-orientedness in institutional operations had little or no direct influence on institutional change rates.

These data suggest that level of community-orientedness does make a contribution indirectly in conjunction with the presence of an external change stimulus toward modifying directors' change orientations.

No claim will be made here to have exhaustively traced out and identified the barriers to institutional change.

On the other hand, there is evidence to support the conclusion that formidable barriers to the implementation of community-oriented care are non-existent, except perhaps in the conjured imaginings of some institutional personnel.

Change in that direction is clearly possible and seems to be materially hastened by the introduction of external change stimuli, particularly in institutions at least moderately supportive of that mode of care.

Interpretations from the Findings

In this chapter we have presented the findings on our efforts to evaluate the contributions of external change stimuli, institutional characteristics, and change barriers to institutional change rates as we measured them.

One primary measure of an institution's effectiveness, in our view, is its ability to respond to well articulated community service demands and changing community service needs.

We reasoned that the extent to which a given institution might respond (its change rate) would depend on the type of external change stimulus mounted to induce change, the content of the changes sought, that is, the degree to which the changes sought were in alignment with or deviated from an institution's existing modes of operation, and/or the presence of barriers preventing change.

The Impact of Types of External Change Stimuli on Institutional Change

Generally speaking, articulated and sustained external efforts at inducing change do stimulate changes in children's institutions.

The effect, for the most part, appears to be to encourage and support the negotiation of more complex and difficult changes than might otherwise be undertaken.

The community wide approach (Social Sponsorship)--which costed little more in dollars than the other two approaches we tried--clearly had the greatest impact on institutional change.

Moreover, this approach yielded a wide variety of unanticipated beneficial change initiatives in children's services in the community and stimulated by far the largest number of self initiated changes among the institutions themselves.

The Community Leader-Director Group Sessions approach spurred a limited amount of change in the External Dimension of care consistent with our expectations.

However, this approach was also associated with dismal results relative to internal institutional change, the development of a substantial number of unanticipated negative changes, that is, changes toward custodial rather than community-oriented care, and an extremely low level of self initiated changes among institutional participants.

Staff Development was found to be generally unproductive as an external approach to inducing community-oriented changes in institutions.

For the most part, we did no better in this project than nonexperimental institutions did on their own over a year's time.

We are of the opinion that participants in this approach utilized the wealth of detailed information conveyed to rationalize their present modes of operations as highly community-oriented in nature.

Few unanticipated changes came to our attention in this project, with the possible exception of a change in attitudes and understanding among participants about the concept of community-oriented care.

Our results lead us to a rather dim view of staff development as a change inducing technique.

The Impact of Change Barriers on Institutional Change

Our work on this area suggests that there were few insurmountable obstacles to the implementation of a wide variety of community-oriented changes.

Directors' perceptions on this matter, partly confirmed by other data, suggest that most institutions within all three experiments could have moved in a community-oriented direction without high level board or community resistance and without the addition of facility, staff, or financial resources.

We would conclude from this that the differential change rates observed in the three experimental projects were not materially influenced by different numbers and types of barriers confronted by the participating institutions.

This is, of course, a generalization. It is worth recalling that timing regarding the introduction of change proved critical to two institutions. In one case a director left after being rebuffed by the board for moving too fast while in another a director was replaced for not moving fast enough.

In sum, we believe that data on change barriers supports the contention that our model of community-oriented care was feasible of implementation and that barriers did not significantly influence the differential change rates that occurred between the three experimental projects.

Community-Oriented Care and Institutional Change

Contrary to prevailing views about the intransigence of custodially oriented institutions, we anticipated that they would be the most vulnerable to coherent external efforts to induce change in a community-oriented direction.

This "deficiency hypothesis" was not supported consistently in our findings.

Our efforts to identify the common characteristics of institutions having similar change rate patterns through cluster analysis techniques also proved fruitless.

This latter finding in particular suggests that children's institutions do not address the two basic goals of institutional care in any integrated or systematic manner.

If they had, it should have been possible to produce a typology of children's institutions showing differential associations between levels of impact on resident children and change rates across groups of institutions.

What our findings do suggest is that institutional change rates are influenced by the type of external change stimulus to which institutions are exposed and the compatibility of institutional modes of operations with the proposed change direction.

Since a variety of change barriers pose no meaningful blockage to institutional change, institutional leadership in the person of the director emerges as a major determining factor.

Our findings indicate that the community wide approach labeled Social Sponsorship is superior to the other approaches in mobilizing directors to act on external change recommendations and to undertake and support other staff in undertaking self initiatives.

Objectively, that is in terms of our baseline measures, the level of community-oriented care in institutional operations does not appear to influence institutional change rates in any clearly definable way.

Subjectively, in terms of a director's perception of the compatibility a change recommendation with the general direction of his current operations, community-orientedness appears to play an important role.

The findings indicate that unless change recommendations were compatible with a director's views (all of them were posed in a community-oriented direction), rather than act he might be moved to conjure up a substantial rationale for not acting in the form of multiple change barriers.

Overall, our work on institutional change tells us that the responsive and adaptable institution cannot be easily identified by having knowledge about its current modes of operation, even when that knowledge is highly detailed and obtained by independent measurement techniques.

The interplay of the type of external stimulus used to induce change and the orientations of institutional directors appears to be the most pronounced factor in moving institutions to make changes.

The community wide approach utilized in the Social Sponsorship project is clearly superior as an inducer of institutional change.

Its effectiveness, and coincidentally the adaptability of institutions exposed to it, would likely be increased by concentrating a greater share of such efforts upon the institutional directors.

This sharpening of focus and harnessing of community influences could well increase the rate of change we recorded and perhaps do a better job of preventing a tendency toward retrenchment among directors of some of the custodially oriented institutions.

CHAPTER V

THE IMPACT OF STAFF SERVICE ORIENTATIONS ON INSTITUTIONAL EFFECTIVENESS

In previous chapters we speculated about the effect of staff orientations on institutional effectiveness.

Specifically, we referred to the relationship between director's change orientations and institutional change rates, and we alluded to the consequences for residents resulting from staff decisions regarding admissions, retention, and release.

The staffs of institutions are obviously pivotal in providing services to residents and implementing changes, but to what extent do their orientations toward service provision and institutional change actually influence institutional modes of operation?

At the beginning of our research we identified three relatively discrete orientations that we felt might directly influence institutional effectiveness vis a vis the two basic goals of institutional care, as follow:[1]

1. Child Rearing Philosophy

   As we measured this orientation low scores represent a disposition toward child dominance, control and strict discipline while higher scores represent child acceptance, shared decision-making and less punitive discipline.

   We believed this orientation might be reflected in staff-resident relationship's thereby influencing the development of child competencies.

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[1] In fact, correlational analyses indicate the three orientations to comprise a rather well integrated general orientation. The product moment correlation between child rearing philosophy scores and levels of community orientation is .870 with an r of .791 and .766 between these two variables and level of job satisfaction, respectively.

2. Community Orientation

   This orientation reflects the general level of receptivity of staff toward working in and with community elements in providing services, or conversely, the level of desire to work in an isolated context "behind the walls" of the institution.

   We thought this orientation might most directly influence institutional adaptability, that is, institutional change rates.

3. Job Satisfaction

   This orientation was measured along a range of low to high satisfaction. We thought this orientation might have a general but unspecified bearing on institutional effectiveness.

In this chapter we will take a look at the relationship between these staff orientations and institutional effectiveness and conclude with some observations about the child assessment process, the mechanism through which much of a staff's influence flows.

Is there a General Relationship between Staff Orientations and Institutional Effectiveness?

The results of a variety of correlational analyses suggest that there is no substantial relationship between staff orientations and child competency scores, institutional change rates, or level of community orientedness in institutional operations, for the sample of 32 institutions and 345 staff members as a whole.

Table 5-1 shows the inconsequential product moment correlations for staff orientations and child competency scores.

The results relative to institutional change rates are no more impressive.

Canonical weights obtained for global staff orientations for each institution were utilized in conjunction with institutional change rates to derive Spearman rank order correlations.

Table 5-1

Product-Moment Correlations for Institutional Means on Staff Service Orientations and Child Competency Scores
(N=32 Institutions)

	Child Competency Measures		
Staff Orientation	Verbal Abilities (LTIT)	TSRCS	Locus of Control
Child Rearing Philosophy	.114	-.192	.333
Community Orientedness	-.018	-.091	.149
Job Satisfaction	.175	-.052	-.096

In this, global staff orientations are found to be minimally associated with both External Dimension change rates (r_s = .091) and Internal Dimension change rates (r_s = -.103).

Finally, similar rank order correlations utilizing canonical weights for level of community-oriented care in each institution show only modest associations between that variable and staff child rearing philosophy (r_s = .356, $P<.05$), staff community orientedness (r_s = .008) and staff job satisfaction (r_s = .269).

As was the case with general findings presented in previous chapters, more meaningful information is found just beneath their surface.

When staff orientation scores are regrouped, averaged and then ranked for the now familiar institutional clusters, some interesting associations between staff orientations and institutional types appear, as shown in Table 5-2.

Note should be made here that rankings in Table 5-2 were made using the cluster analysis results obtained with child competency data as discussed in Chapter II.

A cluster analysis performed on staff orientation data did not reproduce a similar pattern of institutional groups further demonstrating in a general way the lack of direct relationships between staff orientations and residents' competency levels.

Table 5-2

Institutional Cluster Ranks for the 3 Staff Service Orientation Measures

Institutional Cluster	No. of Inst.	Staff Orientation: Child Rearing Philosophy	Staff Orientation: Community-Orientedness	Staff Orientation: Job Satisfaction
Community-Oriented	2	1*	3**	8**
Benign Custodial	10	2	2	3
Self Governing	2	3	8	4
Survivor Custodial	5	4	1	5
Rote Skills	2	5	6	1
Tutorial	2	6	5	2
Transitory Care	2	8	4	7
Extremist Exceptions	4	7	7	6

*Ranked from Acceptance (1) to Dominance (8)
**Ranked from High (1) to Low (8)

These rankings do disclose that the most community-oriented institutions have the most child accepting and least satisfied staffs. Of equal importance, their staffs are only moderately community oriented.

Transitory Care institutions are similar to community-oriented institutions in many ways, yet their staffs have the most child domineering orientations. This may reflect the felt need among staffs in these institutions to maintain substantial controls in order to manage the rapid flow of children through them.

One final point about these rankings before we move on. We previously noted the apparent need among Self Governing institutions in particular to remain separated from their community environments in order to carry out their programs. These rankings show staffs in these institutions to be the least community oriented.

The Path of Influence: Do Staff Orientations Shape Institutional Operations or Vice Versa?

One rather indirect but commonly used technique for assessing the durability of personal orientations over time is to examine the association between them and individual's background characteristics.

In the field of organizational analysis, the assumption is frequently made that if strong associations are found between personal orientations and such factors as sex, age level, educational achievement, and so on, then there is reason to believe the orientation may have been formed prior to the beginning of employment.

Our analyses suggest that such background characteristics are not strongly linked with staff orientations.

Results of statistical tests controlling for age, sex, level of educational achievement, marital status, parenthood, and whether natural children remain at home currently or not all proved to be inconsequential.

Additionally, whether staff live on grounds or not, eat on grounds or not, and the amount of staff exposure to training and educational experiences during the year prior to our measuring staff orientations appear to have little bearing on staff orientations.

The major associations we detected are situational in nature having to do with the position a staff member holds, how long he has worked at his institution, and the frequency of his contact with resident children and the neighboring community.

Table 5-3 gives the mean orientation scores for fulltime staff members for the four most common staff positions (excluding maintenance/domestic service workers) across the 32 institutions.

Table 5-3

Mean Service Orientation Scores for Full-Time Staff by Position (N=32 Institutions)

	No. of Staff	Staff Orientation					
		Child Rearing Philosophy		Community-Orientedness		Job Satisfaction	
		$\overline{X}$	SD	$\overline{X}$	SD	$\overline{X}$	SD
Directors	32	82.81	(21.09)	29.41	(9.58)	71.74	(33.48)
Social Service	33	63.57	(39.72)	34.11	(2.93)	78.49	(24.49)
Teachers	36	50.36	(41.40)	33.71	(4.30)	68.14	(34.06)
Cottage Parents	201	73.23	(25.61)	28.60	(6.01)	76.52	(24.86)
	302						

The clear differences evidenced in this breakdown admit to no obvious patterns.

Data in Table 5-4 provide further insights. In general, there are tendencies toward higher child dominance, increased preference for work in isolation from community, and lower job satisfaction as length of time employed and frequency of contact with residents increases.

Stepwise Multiple Regression analyses of the orientations scores of 345 full-time staff members carry us a bit further by identifying some of the components of institutional care that contribute to the development of staff orientations.

Data in Table 5-5 indicate that 8 parts of the community-oriented model of care account for about 44 percent of the variance relative to staff child rearing philosophy scores.[1]

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[1] Consistent with previous regression analyses, a cut-off point was applied when the contribution of a model part to the variance explained (R^2) fell below 2 percent.

Table 5-4

Product-Moment Correlations Between Staff Service Orientation Scores, Length of Employment and Frequency of Contact with Resident Children

		Staff Orientation		
	No. of Staff	Child Rearing Philosophy	Community-Orientedness	Job Satisfaction
Length of Employment	302	-.760	-.779	-.625
Frequency of Contact with Resident Children	302	-.734	-.854	-.917

(Insert Table 5-5)

Institutional emphases upon comprehensive replacement planning/follow-up services (I1), decentralized decision-making structures (I7), low child stigma in programming (I2), high staff to resident ratios (E4), open admissions (E3), and coherent decentralized discipline/reward systems eschewing harsh discipline and providing tangible rewards (I6) contribute to higher child acceptance among staff members.

Somewhat unexpectedly, a material contribution to a high child acceptance orientation among staff is also made by low staff-community interchange (E6) and low orientations toward institutional change among directors (E7).

Of equal importance, several of the factors that account for much of the variance in residents' competency levels appear to play little or no part in the development of staff orientations toward child rearing.

Most notably, continuity of staff-resident relationships (E5), composition of child population (E2), and Daily Life Decision-Making patterns, that is, degree of child participation (I5) appear to be inconsequential.

Table 5-5

Stepwise Multiple Regression Results for 14 Parts of the Community-Oriented Model on Child Rearing Philosophy Scores

	Model Part	R	R^2	Increase in R^2	Direction of O-Order r (Community-Orientedness X Child Rearing Philosophy Scores)
I1	Replacement Planning	.432	.186	.186	+
I7	Centralization of D-M	.489	.239	.053	+
E6	Staff Cross Flow	.542	.294	.055	-
E7	Director Change Orientation	.577	.333	.039	-
I2	Child Stigma	.604	.365	.032	-
E4	Staff Capacity-Depth	.625	.391	.026	+
I6	Discipline/Rewards	.649	.422	.031	+
E3	Restrictiveness of Admissions	.664	.441	.194	+
					-Cut off Point-
E5	Staff Capacity-Continuity	.666	.444	.003	+
E1	Child Flow	.668	.446	.002	+
I3	Cent. Live/Eat Facilities	.668	.447	.001	+
I5	Daily Life D-M Pattern	.669	.447	.001	+
E2	Child Population Composition	.669	.448	.001	+
I4	Comprehensive on-Grounds Program*				

*I4 not entered, did not meet f value criterion of .10 for inclusion

Finally, the quality of on-grounds program (community integrated *vs* isolated on-grounds approach, I4) seems to have no bearing whatsoever.

These findings suggest that a staff orientation toward child acceptance would be materially improved by increasing the number of staff and according staff more involvement in and control over decision-making and discipline/reward systems particularly as they relate to admissions, releases and practices that stigmatize.

There is more than a hint of anti-community-orientedness in these apparently community-oriented findings.

First, increasing staff numbers and involvement would seem to enhance child acceptance under the further conditions of low staff/community interchange and a director having low interest in community-oriented change.

Moreover, high child acceptance is not materially enhanced by increasing the level of residents' involvement in decision making, stabilizing staff resident relationships or improving the flow or degree of heterogeneity of children passing through this apparently open admissions--comprehensive replacement planning/follow-up services system.

All of this leads to the conclusion that high child acceptance in this sample may mean high child acceptance under a condition of broadened staff control of institutional processes.

Stepwise multiple regression results for staff community orientations (receptivity toward work with and in community *vs* desire to work in isolation behind the walls) as presented in Table 5-6 indicates that comprehensive replacement planning/follow-up services (I1), more heterogeneity in child populations (E2), and open admissions (E3) contribute to more receptive orientations among staff members.

On the other hand, high receptivity toward work with and in communities also is accounted for in part by institutional emphases on low community staff interchange (E6), developing on-grounds program (I4), and low staff-resident ratios (E4).

Overall, these results suggest that staff community-orientedness is favorably influenced by broad institutional policies and programs governing the admissions and release of

Table 5-6

Stepwise Multiple Regression Results for 14 Parts of the Community-Oriented Model on Staff Community-Orientedness Scores

Model Part	R	R^2	Increase in R^2	Direction of O-Order r (Community-Orientedness X Community-Orientedness Scores)
I1 Replacement Planning	.500	.250	.250	+
E6 Staff Cross Flow	.589	.347	.097	-
E3 Restrictiveness of Admissions	.624	.389	.042	+
I4 Comprehensive On-Grounds Program	.646	.417	.028	-
E2 Child Population Composition	.670	.448	.031	+
E4 Staff Capacity-Depth	.685	.470	.022	-
- - - - - - - -	- - -	- - -	- - -	- - - Cut off Point - - - - - -
I3 Cent. Live/Eat Facilities	.698	.487	.018	+
I6 Discipline/Rewards	.704	.496	.009	+
I5 Daily Life D-M Pattern	.706	.498	.003	+
I2 Child Stigma	.708	.502	.004	+
E7 Director Change Orientation	.709	.503	.001	+
E5 Staff Capacity-Continuity	.711	.505	.002	+
E1 Child Flow	.711	.506	.001	+
I7 Centralization of D-M	.712	.507	.001	+

children, but unfavorably by the degree of direct engagement of staff in these processes.

Consistent with the negative correlations found between frequency of staff contact with residents and community-orientedness scores, we have here an indication that staff are less receptive to work in and with community as their involvement with community personnel and community elements engaged in providing services to residents increases and as staff-resident ratios decline.

These latter results, coupled with the fact that increased decentralization of any type proves to have inconsequential effects, leads to the conclusion that community orientation is negatively effected by the simple frequency of direct exposure to and involvement of staff with community and resident children regardless of the degree of influence they wield in these engagements.

Turning to the regression results for job satisfaction, we found that a majority of the model parts contribute materially to the variance found among scores for this general orientation.

In all, 9 parts of the model account for slightly better than 66 percent of the variance as shown in Table 5-7.

Once again, comprehensive replacement planning/follow-up services (I1) made the most important contribution.

Job satisfaction is also materially enhanced by increased staff involvement in decision-making processes (I7) and discipline/children (E1), and a deemphasis of child stigmatizing practices (I2).

This pattern is similar to the one found associated with high child acceptance orientations.

On the other hand, job satisfaction appears to be unfavorably effected by high staff-resident ratios (E4), high community-staff interchange (E6), and high child participation in decision-making processes (I5).

Frequency of engagement by staff with community and resident children, particularly in a participatory and shared decision-making matters, appears to stimulate tendencies among staff toward child dominance, separatedness from community, and lower job satisfaction.

Table 5-7

Stepwise Multiple Regression Results for 14 Parts of the Community-Oriented Model on Staff Job Satisfaction Scores

	Model Part	R	R^2	Increase in R^2	Direction of 0-Order r (Community Orientedness X Job Satisfaction Scores)
I1	Replacement Planning	.361	.130	.130	+
E4	Staff Capacity-Depth	.480	.230	.100	-
E6	Staff Cross Flow	.656	.431	.201	-
I6	Discipline/Rewards	.688	.473	.042	+
E3	Restrictiveness of Admissions	.728	.530	.057	+
I2	Child Stigma	.755	.569	.039	+
I7	Centralization of D-M	.776	.602	.032	+
E1	Child Flow	.798	.637	.035	+
I5	Daily Life D-M Pattern	.814	.663	.025	-
					Cut off Point
I3	Cent. Live/Eat Facilities	.818	.669	.006	+
I4	Comprehensive On-Grounds Program	.821	.674	.006	-
E5	Staff Capacity-Continuity	.823	.677	.003	+
E2	Child Population Composition	.824	.680	.003	+
E7	Director Change Orientation	.825	.680	.001	-

All of this may simply mean that it is easier to maintain service orientations supportive of community-oriented care in positions allowing more involvement in institutional processes and more control over the frequency of contacts with residents and the community.

Staff at any positional level who are on the firing line daily and who feel they have little control over their work may tend to develop orientations leaning toward child dominance and separateness from community involvement.

The general movement among staff toward adoption of these orientations the longer they remain at their jobs suggests this to be a rather widespread tendency.

The Child Assessment Process

Staff Accuracy in Assessments

The foregoing results indicate that staff service orientations have little direct impact on residents' competency levels.

Indeed, the formation of these orientations seems to be influenced by a constellation of institutional factors quite different from those that foster the development of competencies among resident children.

In this section we will pick up on a point previously alluded to, namely, that the decisions staff make about residents may be of far greater consequences for them than are the orientations staff hold about the services they provide.

Data reported in this section were gathered in two subsidary studies that yielded information on staff perceptions of institutional decision-making structures and staff ratings of resident children respectively.

The first study was conducted with a random sample of 11 institutions for the purpose of obtaining perceptions of the decision-making structures from at least one social service and one cottage parent staff member in each institution.

The second study involved submitting standardized rating forms to the social service person and the cottage parent having primary case responsibility for every child in care in all 32 institutions during 1972.

Each staff rater was asked to rate each resident for whom he (or she) had primary responsibility relative to how soon the child would be ready for community replacement, the types and numbers of personal problems the child demonstrated, and how well the child would do compared to noninstitutionalized children were he to be returned to his community immediately.

This study produced paired ratings for a total of 1246 resident children.

Looking first at the ratings data, there is some support for the observation that staff assessments coincide reasonably well with the actual competency levels of resident children.

Previous findings indicate that older children and those in higher school grades score higher on task/social relationship skills and sense of self direction.

Staff also rate such children more frequently as ready for replacement, as having fewer personal problems and as being more likely to make an adequate readjustment to community living, as illustrated in the correlational results presented in Table 5-8.

Similarly, such resident characteristics as family income, parental whereabouts, sex, and race bear little general association with either staff ratings or residents' actual competency levels.

One point of contrast was found in these comparisons: Staff tend to rate children more favorably the longer they remain in care while the actual competency levels of children appear to fall, particularly after the first year in residence.

Overlooking the results for length of stay for the moment, these comparisons suggest that staff are reasonably accurate in their assessments of residents' levels of functioning.

Further analyses indicate that accuracy in judging residents has more to do with the degree of staff involvement with residents than to staff background characteristics or service orientations.

Correlational techniques and difference in means tests were utilized to assess the relationships between staff ratings and such staff background characteristics as age, sex,

Table 5-8

Product-Moment Correlations Between Staff Ratings of Residents and Selected Characteristics of Residents

Resident Characteristics	No. Residents Rated	No. Residents Ready to Leave Now	No. of Personal Problems Per Resident	How Well Residents Would Do (cf: nonresidents) if Released
Age Level	1246	.600	-.185	.611
School Grade Level	1246	.593	-.351	.625
Length of Stay	1246	.671	-.285	.643

marital status, living arrangements, family composition, length of employment, and frequency of exposure to recent training and educational experiences.

None of these variables proved to be significantly associated with staff ratings of residents.

Similar results are reflected in correlations obtained for staff service orientations and ratings as shown in Table 5-9.

Further, social service personnel more frequently rate residents as having fewer personal problems and as being ready to leave and to make adequate readjustments than do cottage parents as shown in Table 5-10.

It is also obvious from this breakdown that cottage parents on the average have primary case responsibility for far fewer children than the average social worker.

Also, cottage parents perceive themselves as far more involved in making decisions governing the daily life activities of residents. Indeed, among the small sample of personnel that we assessed relative to daily life decision-making processes, social service personnel saw themselves as virtual nonparticipants, according to the data in Table. 5-11.

Table 5-9

Product-Moment Correlations Between Staff Service Orientations and Staff Ratings of Residents

Staff Orientations	No. of Staff	No. Residents Ready to Leave Now	No. of Personal Problems Per Resident	How Well Resident Would Do (cf: nonresidents) if Released
Child Rearing Philosophy	345	-.185	.332	.134
Community Orientedness	345	.157	.009	-.219
Job Satisfaction	345	-.119	-.224	.119

Table 5-10

Social Service Personnel and Cottage Parent Aggregate Ratings of Residents

Type of Staff	No. of Staff	% of Residents Ready to Leave Now	$\overline{X}$ No. Problems Per Resident	% of Residents Who Would Do Well (cf: nonresident) if Released
Social Service	52	65.3	4.24	61.6
Cottage Parents	262	49.4	4.58	52.7

Table 5-11

Staff Perceptions of Daily Life Decision-Making Patterns, By Staff Level[1]

Per Social Service (N=11)	% of Issues I (others) Decide: Alone	With 1 Other Level	(2 or more) Multilevels
Directors	.09	.09	.24
Social Service	.02	.09	.18
Cottage Parents	.16	.26	.18
Children	.06	.14	.30

Per Cottage Parents (N=11)	% of Issues I (others) Decide: Alone	With 1 Other Level	(2 or more) Multilevels
Directors	.14	.27	.07
Social Service	.08	.10	.05
Cottage Parents	.36	.23	.07
Children	.06	.07	.07

These data indicate that cottage parents see themselves as more heavily involved in the daily lives of residents than do social service personnel. Data in Table 5-12 following indicate that cottage parents are also more accurate in their assessments of residents.

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[1] The 42 item part of the Baseline Survey Questionnaire dealing with daily life decision making was utilized to obtain these data.

Table 5-12

Spearman Rank Order Correlations for Institutional Means for Staff Ratings and Residents' Competency Scores, by Staff Level

Child Competency Measure		Cottage Parents			Social Service Staff		
		No. of Residents Ready to Leave Now	No. Prob. Per Resident	How Well Resident Would Do (cf: Nonresident)	No. of Residents Ready to Leave Now	No. Prob. Per Resident	How Well Resident Would Do (cf: Nonresident)
Verbal Abilities (LTIT)		.367**	-.009	.183	-.218	-.067	.188
TSRCS Sub-Scales	Task	-.290	.173	.164	-.064	-.209	-.076
	Cottage Mates	.546*	-.208	.431**	-.235	.062	.166
	School Mates	.379*	.106	.225	-.060	.073	.157
	Cottage Parents	.336	-.283	-.034	-.127	-.203	-.026
	Teachers	.429**	-.576*	-.089	.208	-.526*	.013
TSRCS (Total)		.370**	-.219	.163	.151	-.253	.113
Locus of Control		.375**	-.219	.401*	-.320	-.136	.137

*P<.01
**P<.05 (df: 1,31)

Overall, these findings support the observation that staff assessments of residents are reasonable approximations of children's actual levels of functioning and, further, that the accuracy of staff assessments is influenced more by the degree of staff involvement in residents' daily lives than by their service orientations or a variety of other personal characteristics.

The Bases for Staff Decisions about Residents

Estimating the degree of staff accuracy in assessing the functional levels of residents lays the ground work for further examining the extent to which this knowledge influences the process of making basic decisions regarding residents' retention or release. In short, does it make any difference whether staff assessments are accurate or not.

Part of the answer to this question is already known in the sense that cottage parents are rarely involved in such decisions although their assessments of residents appear to be more accurate than those of other personnel who do influence these decisions.

From an admissions standpoint, the available data indicate that a child's actual level of functioning at that point in time has little or nothing to do with how long the admissions officer foresees his staying in residence, as shown in Table 5-13.

Table 5-13

Differences in Mean Competency Scores
for All 1973 Institutional Admissions
By Predicted Length of Stay

Child Competency Measure	Predicted Length of Stay: Long Term (12 mo +) (N=267)		Predicted Length of Stay: Short Term (1-3 mo) (N=51)		t
	$\overline{X}$	SD	$\overline{X}$	SD	
Verbal Abilities (LTIT)	30.88	(12.32)	30.35	(10.19)	.325
TSRCS (Total)	28.50	(6.82)	26.82	(6.39)	1.696
Locus of Control	13.22	(5.86)	12.61	(4.72)	.805

Staff judgments regarding the release of children seem to be based more substantially on residents' actual levels of functioning.

Table 5-14 shows, for example, that children released during 1972 scored higher on both task/social relationship skills and sense of self direction (Locus of Control) than those who were retained.

Table 5-14

Differences in Mean Competency Scores
for all 1972 Institutional Releasees
Compared to Institutional Retainees

Child Competency Measure		1972 Releases (N=408)		1972 Retainees (N=444)		t
		$\bar{X}$	(SD)	$\bar{X}$	(SD)	
Verbal Abilities (LTIT)		31.66	(9.98)	31.23	(12.70)	.551
TSRCS Sub-Scales	Task	11.44	(3.45)	7.88	(2.64)	16.991*
	Cottage Mates	6.05	(1.77)	5.80	(1.91)	2.049**
	School Mates	5.81	(1.69)	5.51	(1.76)	.614
	Cottage Parents	4.32	(2.37)	4.08	(2.66)	1.414
	Teacher	4.87	(1.76)	4.78	(1.91)	.737
TSRCS (Total)		29.67	(5.48)	28.14	(7.08)	3.541*
Locus of Control		14.21	(5.77)	12.67	(4.31)	4.400*

*P<.01 (2 tail)
**P<.05 (2 tail)

These findings are deceptive in one important sense.

The superiority of released children in task/social relationship skills is largely accounted for in terms of task accomplishments and skills in getting along with cottage mates.

The fact that releasees score no better than retainees relative to relationship skills with teachers and school mates suggests that a child's development in the community context may not be commonly weighed in reaching decisions on retention or release.

The results relative to task and cottage mate scores, on the other hand, indicate that a child's observed on-grounds behavior may be a principle source of information on which these decisions are based.

It will be recalled from previous findings that the general developmental pattern among residents over time is toward increased skill in relationships with teachers and school mates and a deterioration in relationships with cottage parents and cottage mates.

Placed together, these findings point to the possibility that children adjusting well on-grounds are likely to be released while those not doing well are more likely to be retained.

The irony here is that a considerable number of children not doing well on-grounds may be showing extremely good progress within the community context.

On the basis of this progress they might well be the best candidates for community replacement, but given the sources of information utilized by staff in reaching such decisions, they might also be the one's retained in care.

Finally, we turn to a breakdown of staff ratings by institutional clusters in order to observe differences that occur between various types of institutions.

A scan of the ranks in Table 5-15 leads to the conclusion that there are no substantial associations between these cluster rankings and staff ratings or release rates.

However, inspection of individual clusters yields some interesting observations.

For example, staff in Rote Skills institutions rate their resident populations as least problematic and consider a high proportion ready to leave now.

In spite of these ratings, these institutions released the lowest percentage of residents during 1972 and evaluated a larger share of their residents as potential long term care cases at point of admission than institutions in any other cluster.

Table 5-15

Institutional Cluster Ranks for Staff Ratings of Residents and Percent of Total 1972 Population Released in 1972

Institutional Cluster	No. of Inst.	% 1972 Pop. Rated Ready To Leave Now		$\overline{X}$ No. of Personal Problems Per Resident		% 1972 Pop. Predicted Long Term Stay at Adm.		% 1972 Pop. Released in 1972	
		Rank	%	Rank	$\overline{X}$	Rank	%	Rank	%
Survivor Custodial	5	1	58.8	*6	4.2	*4	83.0	3	57.0
Rote Skills	2	2	53.0	1	3.2	8	92.0	8	29.0
Benign Custodial	10	3	51.5	4	3.7	3	76.0	2	59.0
Tutorial	2	4	50.5	5	3.9	6	88.0	6	31.0
Self Governing	2	6	44.0	7	4.3	5	84.0	4	52.0
Community-Oriented	2	7	33.5	8	4.8	2	68.0	7	30.0
Transitory Care	2	8	30.5	2	3.4	1	38.0	1	84.0
Extremist Exceptions	4	5	46.3	3	3.5	7	91.5	5	45.5

*Column ranks from Lowest (1) to Highest (8)

It is quite clear in these institutions that residents' levels of functioning have little or no influence on such basic considerations as how long the institution expects children to stay or when they will be released.

Patterns revealing differing emphases are observed in the other institutional clusters.

For example, staff in Survivor Custodial institutions rate their populations as highly problematic and expect a good many children to stay long periods. In spite of this, these institutions rank highest in the number of children rated ready to leave now, and third in the proportion actually replaced.

Staffs in Self Governing and Community-Oriented institutions view their populations as the most problematic. They also rate fewer of their children as ready for replacement than staffs in most other institutional clusters.

Here the similarities end. Self Governing institutions expect most children to remain in care long term and yet a rather high proportion of their 1972 populations was released during the year. Conversely, although Community-Oriented institutions expect more admissions to be short term cases, they are close to the bottom in the proportion of children released during the same time span.

Transitory Care institutions expect most of their admissions to be short term care cases, and in fact, released the largest proportion of their populations during 1972.

Staffs in these institutions also see their resident populations as among the least problematic while rating an extremely high proportion as in need of continued care.

Since staffs in these institutions do not view the residents themselves as overly problematic, the judgment that most should remain in care may reflect a need for more time to develop adequate replacement plans than is ordinarily available given the rapid child flow pattern.

Consistent with many other findings Benign Custodial institutions stand apart, marked in this case by unusual consistency in staff rankings, expectations and proportion of total child populations released.

These institutions are neither concerned with survival nor attempting to promote or prove any particular type of service orientation.

Unlike other institutions, these institutions appear to exhibit fewer policy and practice emphases that might create stresses on decision-making processes productive of some of the inconsistencies observed in the other clusters.

Interpretations from the Findings

The weight of the evidence presented in this chapter points to the conclusion that staff service orientations have very little direct impact upon institutional effectiveness in general, or upon the child assessment--decision-making process specifically.

Our data indicate that staff service orientations are in large part reactively formulated, that is, they reflect existing institutional modes of operation far more than they shape them.

In general, the most substantial sources of influence on staff service orientations are job position, length of employment, scope of existing program operations (from admissions to replacement), breath of staff involvement in these operations, and frequency of engagement with community, colleagues, and residents in carrying out job functions.

Greater breath of staff involvement contributes to more child acceptance and receptivity toward community; however, greater frequency of direct engagement with others including residents in carrying out these involvements leads to more child dominance and withdrawal from community in service orientations.

We conclude from this that staff maintenance of orientations reflective of child acceptance and receptivity toward community depends to a considerable degree on the amount of command staff have over others engaged with them in negotiating their job functions.

Interestingly, other data reveal that residents prosper from continuous relationships with at least one staff member and from high decision-making participation in these relationships.

It is possible to speculate from these results that whether staff are orientated toward child acceptance or dominance is immaterial. What is material is whether institutions support child participation in the process of making decisions governing their daily life activities.

Further, the nature of rewards/discipline systems makes at least a modest contribution to staff child rearing philosophies and job satisfaction.

In brief, staff tend to be more child accepting and satisfied in association with highly structured systems reflective of tangible rewards and corrective rather than primitive discipline, over which they have substantial control.

On the other hand, rewards/discipline systems have far less influence on residents' competency levels than does level of participation in daily life decision-making.

Staff service orientations appear to profit from control while children profit from participation in staff-resident relationships.

Rewards/discipline systems are often utilized to modify residents' behavior. It may not be too far afield here to suggest that this approach is of little value unless it is tied to resident decision-making participation.

Otherwise, their implementation may well serve staff needs relative to control more than the developmental needs of the children being served.

Staff service orientations appear to have no more influence on assessments and decisions made about residents than they have on the degree of impact achieved through their relationships with them.

Frequency of staff contact and degree of engagement with residents (degree of child participation in decision making) appear to be the most influential determinants of staff accuracy in assessing how well residents are doing. Frequent contact of a participatory nature yields more accuracy in resident evaluations.

At the same time, the findings disclose two major sources of error in the assessment process and point to factors other than staff accuracy that shapes staff decision about residents.

Data on the developmental patterns of residents indicate that, in general, they progress over time in relationships within the community context (teachers, school mates) while their relationships on-grounds deteriorate (cottage parents and mates).

Comparisons of children released and retained during 1972 disclose, however, that released children exceed retained children primarily in terms of task and cottage mate relationship skills.

To the extent that staff decide to release children who demonstrate progress, these findings suggest that the decisions are reached primarily on the basis of observed on-grounds behavior.

Children not doing well in terms of on-grounds relationships might be doing quite well in the important area of community based relationships, but this factor does not seem to enter into replacement decisions often enough to show up as a statistical difference.

Further, data suggest that cottage parents make more accurate assessments of residents than social service staff, yet information in other chapters indicates cottage parents are only infrequently involved in decision processes governing the replacement of children.

It seems reasonable to conclude on this matter that institutional effectiveness relative to replacement decisions would be materially improved by placing greater emphasis upon assessing resident's performance levels in the community context and upon incorporation of the evaluations of cottage parents.

This conclusion would only hold, of course, to the extent that such decisions are indeed based upon the precision of staff knowledge of residents' capacities for adequate community living.

A considerable amount of evidence suggests, however, that staff accuracy in assessing residents is as peripheral to the bulk of these decisions as are staff service orientations.

Data on the differential patterns of child flow through the various institutional clusters (cf: Table 3-3) and on the relationships between staff assessments and release rates for these clusters (cf: Table 5-15) suggest that institutional systems needs may exercise the greatest influence on admissions-retention-release decisions.

In general, each type of institution appears to seek out children demonstrating potential for profiting from the particular type of service emphasis it offers.

There is nothing necessarily wrong about this. It simply means that institutions offering child participatory programs (e.g., the Self Governing type) will emphasize admitting children with potential for engaging in this type of program. In contrast, institutions offering specialized programs controlled by staff (e.g., the Tutorial type) will emphasize admitting children with more pronounced potential for development in the more passive areas of general intellectual pursuits and school achievement.

The degree to which children conform to these expectations following admission may well constitute a prime measure of the level of an institution's goal achievement from the staff's perspective.

In turn, it might have a great deal to do with shaping staff decisions regarding retention or release.

We speculate on the basis of the full weight of the evidence that child participatory type institutions (Self Governing, Community-Oriented) tend to retain residents who successfully adapt while nonparticipatory types of institutions (Tutorial, Rote Skills) release their more successful adapters.

A basic reason for this would be that the success of child participatory institutions is judged to a considerable extent on how well the participatory process works while nonparticipatory institutions may be assessed more directly in terms of the type of child they turn out.

In our view, the decision-making process in institutions facing constant turbulence or crises (Transitory Care, Survivor Custodial) may rest on even more elemental considerations, namely, the need to manage child flow to insure survival and/or prevent total chaos.

None of the above pressures seem to prevail in Benign Custodial institutions. There is no sense of urgency about fulfilling specific service goals, no obvious desire to prove a point, no threat to survival.

In a way there is no recognizable decision-making process in such institutions. Staff simply invoke traditional practices governing admissions, retention, and release with which they have become comfortable over time.

In sum, only a modest amount of the impact on residents that flows through staff-resident relationships and staff decision-making processes can be accounted for in terms of staff service orientations and the degree of staff accuracy in child assessments.

Far more important consequences derive from staff efforts to shape staff-resident relationships to meet their own needs and from staff decisions made to meet the needs of their institutional systems.

CHAPTER VI

IMPLICATIONS FOR POLICY AND PRACTICE

Research findings may prove to be sufficiently valid, in the long run, to influence the course of social policy and the decisions of human service practitioners on their own merit.

In the short run, their value lies primarily in strengthening the hand of policy makers and confirming the views of practitioners who find the results supportive of their positions, methods and beliefs.

Those who find the results disagreeable ordinarily have the option of simply ignoring their implications.

If this is not possible, a variety of effective delaying tactics is available, among which calls for replication and the detection of technological weaknesses and inadequacies in research project designs seem to be most common.

These "facts of life" do not reduce the researcher's responsibility for speculating about the implications of his or her findings.

On the contrary, they increase the pressure on the researcher to be as articulate as possible about their practical import.

With this clearly in mind, we move in this chapter from reporting and interpreting the research results to speculation about their immediate importance and utility.

Given the State of the Art, Most Children's Institutions Cannot Presently Achieve Comprehensive Effectiveness, as We Define It

We have defined and measured effectiveness in children's institutions in terms of their responsiveness in meeting community service needs and, secondly, in terms of their results relative to preparing residents for their return to adequate community living.

Children's institutions, like all other organizations, have their own service goals which dictate how they relate to their community and resident population constituencies.

The degree of effectiveness achieved by a particular institution at any one point in time appears to be largely dependent upon the on-going process of shaping modes of operations to implement its goals.

In short, the level of effectiveness achieved by institutions in our sample has been primarily a by-product of efforts to make these institutions viable on-going organizations.

In a general sense, we have found these institutions to be effective relative to one goal or the other. To be sure, we have several examples of institutions ineffectively responding to both goals, but we found no clear-cut example of an institution effectively achieving both goals simultaneously.

Some types of institutions consume enormous amounts of staff time and other resources in efforts to relate to community service demands and needs.

In some cases the priority placed on this activity derives from the elementary need to survive. In others, a similar level of effort stems from the nature of the service.

The best example here are the Transitory Care institutions which must constantly attend to a network of community relationships and to the management of a rapid flow of children in serving temporary and crisis cases.

While the Community-Oriented institution is under less pressure than some others, it too is obligated to actively seek out integration with its community environment.

Often, but not always, institutions concentrating on this priority are found to be neglectful relative to the goal of preparing residents for community return.

By way of contrast, we have identified several types of institutions that place highest priority upon the development of specialized preparatory programs.

These institutions seem to actively limit the degree of integration with their community environments in order to preserve their specialized service approaches.

Rote Skills, Tutorial, and Self Governing institutions all fall within this latter grouping.

Why was it so common in our experience to find children's institutions seemingly relating to these two basic goals in an either/or fashion?

The model of community-oriented care holds promise of simultaneously achieving both goals at high levels, if implemented.

Our evidence suggests also that this model is quite feasible of implementation, at least in the sense that few barriers in terms of inadequate resources and pockets of resistance stand in the way.

In spite of this, our experimental efforts at changing institutions toward this model were at best modestly successful.

Perhaps the experimental time period was too short. More likely, we simply did not have command of sufficient technical know how to bring off more comprehensive implementations of the model.

Personnel in the various children's institutions were as lacking as we were on many occasions in identifying ways of moving toward increasing their effectiveness relative to both goals simultaneously without jeopardizing the level of effectiveness each felt it had achieved on the one goal that was deemed the most important to its on-going success.

Some of the technical problems facing children's institutions in this regard can be illustrated by utilizing Transitory Care and Self Governing institutions as practical cases in point.

Transitory Care institutions are set-up to handle a large volume of children from a wide variety of community referral sources for short periods of time.

To do this successfully, considerable staff and other resources must be devoted to admissions and replacement processes and the development and maintenance of good relationships with referral and replacement resources.

Children in residence can be provided good basic care with relatively little problem; however, the establishment of relationships between staff and residents is difficult to achieve since each resident's stay is short lived and staff are often engrossed in matters of managing the flow of children.

Beyond this impediment, staff may not have the time to attend to each resident's individual needs, assure his temporary adjustment to the institution, deal with his views of the cause of his temporary placement, look after his reassignment to a new school in the community, and a multitude of other matters.

It is no accident, in our view, that children in Transitory Care institutions score lower on all competencies (cognitive, social, and affective) than children in any other type of institution.

Technical problems of a different order confront Self Governing institutions and other types of institutions offering a specialized service approach.

The Self Governing institution normally has a highly articulated and finely meshed on-grounds program.

Successful implementation of this program requires a relatively high level of isolation from an institution's surrounding community.

Care must be taken in accepting only those children capable of coping with and profiting from a resident self governing system.

Institutions invested in this approach appear to be reluctant to engage the surrounding community in any matter that might yield a lessening of control over the admissions-release process or a watering down or other distortion of the basic service process.

The technical problem we were facing with Transitory Care institutions that we could not fully articulate at the time was how to utilize existing resources to build more effective staff-resident relationships and more individualized care with a higher volume of children over short time periods while maintaining the institution's level of effort vis a vis its community environment.

Conversely, how do we go about opening up the Self Governing institution in terms of establishing more widespread and intense interchange with its community environment while retaining the coherence of focus and precision of organization of its on-grounds program.

Similar technical problems were confronted with other types of institutions, and were, as we see it in hindsight, at the heart of the problem of increasing the comprehensive effectiveness of children's institutions.

To a limited extent these problems could be lessened by improved staff training. Some of the problem does lie in the fact that many staff members and directors have a very narrow view of their roles and functions.

They commonly see themselves as providing a particular type of service to a particular type of child. Rarely do they have an understanding of themselves as members of organizations engaged in a complex system of interactions tied to the achievement of overarching organizational service goals.

Training to broaden staff perspectives in these matters would probably increase their abilities to conceptualize institutional effectiveness in more comprehensive terms, but would not in itself resolve the tough technical problems to which we have alluded.

Indeed, the results we obtained from the experimental use of staff development techniques suggest that training may simply move staff toward an increased effort at achieving what is currently feasible.

This means that in the absence of technical advances, such training may simply serve to move staff toward increased accomplishment of the one goal an institution emphasizes, perhaps to the further neglect of the other.

In sum, our experience indicates most children's institutions do not conceptualize the two basic goals of institutional care in an integrated fashion and do not act to accomplish both simultaneously.

While conceptualization could be improved through training, a major--if not the major--impediment to simultaneous goal accomplishment is the lack of technical know how.

Either the technical know how does not exist, or it is not widely known and available.

Responding to both possibilities, it is recommended that a considerable level of effort be launched into developing the technical know how necessary to the simultaneous accomplishment of both goals. Part of this effort should be directed to identifying institutions for further study that appear to have found the ways and means for overcoming this apparent technology gap.

The importance of such an effort is underscored by the high interest in the field of children's services in moving children's institutions toward the provision of short term and more highly specialized services.

To the extent that children's institutions move in these directions, attention should increasingly be focused upon preventing the negative consequences of these presumably positive institutional adaptations.

In particular, the technological means to keep specialized institutions responsive to changing community service demands and needs and to enable short term institutions to provide a beneficial experience for residents must be surfaced.

From a realistic standpoint, this means identifying approaches for the redeployment of existing levels of institutional resources in ways that improve upon the accomplishment of the neglected goal without reducing the level of effectiveness an institution has established on the goal it has, up to the present, held to be primary.

Whether such an undertaking is worthwhile is a matter for decision-makers in the field of children's services to resolve.

The weight of the research evidence does suggest that in the absence of technical advances comprehensive effectiveness will continue to be beyond the reach of most children's institutions.

Institutions Are Powerful Environments, but Not All that Powerful

It is commonly accepted as fact in the field of children's services that institutions are powerful environments.

A mass of mostly unconfirmed opinion in the literature on the subject attests either to the potent debilitating effects or the potential beneficial impacts of "total" environments.

Advocates of deinstitutionalization are particularly fond of citing the presumed permanent damage to child development resulting from institutionalization, especially long term care.

Those engaged in providing institutional services, on the other hand, point to the profound corrective effects wrought by the "therapeutic" milieu.

The fervor with which these claims are made suggests that something more than fact frequently lies at their roots.

The concept of institutionalization may simply be offensive to the moral sensibilities of some individuals, the facts of their effects notwithstanding.

Similarly, it is common for providers of all types of intervention services to defend and exaggerate the impact of their efforts, and it is likely that some providers of institutional services also fall prey to these temptations.

Importantly, the potency of the institutional environment is often calculated by comparing its presumed effects to those obtainable through other intervention approaches.

It is reasoned that far more control can be achieved in shaping a child's total life experiences in the institutional context than is normally possible in foster home care or through the provision of time limited counseling services.

While this may be true, we would suggest that this is an unsatisfactory method for assessing the potency of the impact of institutional exposure upon the development of children.

A more accurate assessment of the potency of institutional environments is obtainable by evaluating the developmental patterns of institutionalized children over time in residence and comparing these patterns with those evidenced by a noninstitutionalized cohort.

The evaluations that we conducted along these lines produced a body of evidence that suggests the presumed effects of institutional care on child development to be overrated, in terms of both negative and positive consequences.

For the most part, the competency levels of institutionalized children do not differ radically from those demonstrated by noninstitutionalized children.

Further, differences in child population competency levels between institutions appear to result primarily from differential child selection processes.

Finally, changes toward higher competency levels over time among institutionalized children generally appear attributable to simple maturation more than to any other factor.

Turning things around, the modest declines in competency levels associated with longer lengths of stay (especially after the first year in residence) are at least partially an artifact resulting from institutional decisions to retain the less competent and those slow to develop for longer periods.

Taken together, these findings will provide little support to advocates on either side of the issue of deinstitutionalization.

Children in institutions seem to grow up pretty much like other children when measured against what we believe to be competency standards for adequate community living.

By and large, the institutional experience does not prove to be potent enough to produce gross deviations in child development for good or ill.

There are, of course, other reasons for avoiding the placement of children in institutions even if they do not in general have a profound negative impact on child development.

In a society that places highest value upon child rearing in the context of the parental home, all forms of substitute care may be considered to be undesirable service alternatives.

It is highly probable that decisions regarding the support and use of children's institutions as a placement alternative will continue to flow from this value base.

Those who support and those who do not support the use of children's institutions will likely be unswayed by our findings.

Still, these findings should allow those who must rely upon institutional placements until some better alternative comes along to lay aside their darkest suspicions about the negative effects of such placements on the development of children.

At Its Present Stage of Development the Community-Oriented Institution Is Not a Cure-All

We have already touched upon some of the technical problems in bringing off a successful comprehensive program of community-oriented institutional care.

Beyond this, the results obtained regarding impacts upon residents in those institutions that have achieved the closest approximation to our model of community-oriented care give pause for further reflection.

In our analyses, community-oriented institutional care has been shown to contribute more to inducing change in residents' competency levels than any other type of institutional care.

Not all of the change induced by exposure to this type of care is to the good.

Residents in Community-Oriented institutions seem to profit in terms of the development of social and affective competencies but not in terms of cognitive competency.

We have reasoned from comparative analyses of the results for the several types of institutions in our sample that the breath of community life experiences and the participatory nature of the program in community-oriented institutions account for much of the overall beneficial impact.

At the same time, these very program features may work against predictability, staff control, and routine in institutional modes of operation.

Since these latter program characteristics are strongly linked with the development of residents' cognitive skills in our findings, it is possible to reason that deficiencies in these matters in community-oriented institutions contribute to their failure in this area of child development.

At its present stage of development, the community-oriented institution is a mixed blessing: it is the most powerful environment among those we analyzed but its impact is not uniformly beneficial for children exposed to it.

These observations point to further technical problems encountered by children's institutions seeking to achieve a uniformly beneficial impact on residents.

There is a clear need to establish both predictability and participation in programming for residents to support the goal of assisting residents in developing affective, social, and cognitive skills simultaneously.

It is an open question whether the technical know how exists to achieve such a goal through the institutional experience.

In our experience, we found little evidence that institutions had discovered ways of maintaining stable routine program operations while encouraging the widest possible scope of participatory experiences for residents.

In over simplified terms, what we have at present are specialized institutions--whether they claim to be or not--that yield improvements on the social or cognitive side of residents' lives, but not both.[1]

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[1] In general, we found affective skills to increase in association with improvements in either of the other two competencies.

These institutions can be categorized in terms of modes of operation as essentially child participatory or nonparticipatory in nature.

They can and do deliver effective if limited services, and they would probably be more appropriately utilized by their communities if they would make these limits more widely and precisely known.

Moving toward identifying and concentrating upon specialized areas of effectiveness with residents, rather than toward comprehensive effectiveness, may in fact be the wisest path for children's institutions to take.

There are at least two good reasons to consider such a choice.

First, it is possible that children's institutions might not achieve comprehensive beneficial effects with residents even if all the technical binds are eventually overcome.

A child's stage of development at any point in time is to a considerable extent the product of his total life experiences.

The rich interplay of these experiences stemming from many sources, at times offering the security of predictiveness and at others the temptations of uncertainty, cannot be structured and duplicated by a single environmental source such as an institution no matter how comprehensive its aims and approaches.

Moreover, for the vast majority of children--including many of those in relatively long term care--the institutional experience is as interlude that does not extend over the entire span of their growing up years.

From both standpoints it is possible to conceive of an institution falling short of the goal of providing residents a total child development experience even if it overcomes current technological barriers to that goal.

Secondly, even if the elimination of these technical problems did lead to the achievement of a comprehensive impact upon resident children, would that result be desirable?

The net result of such an achievement would be the creation in fact of a truly powerful environment.

It is equally clear that it would be next to impossible to prevent the use of technical knowledge potent enough to simultaneously shape the cognitive, social, and affective skills of residents, by staff and other authorities possessing widely disparate value orientations toward child development.

Without over dramatizing what is at stake, it still appears to be wise to proceed with caution toward the development of the technical means to increase the power of the institutional environment.

It is not beyond the realm of the possible to suggest that the resolution of these technical problems in the interest of improving the beneficial impact of the institutional experience might result instead in the creation of the type of total environment we have long been warned to avoid.

The path that will be taken relative to theses issues is, of course, unknown. What we do know from our findings is that several clearly different types of children's institutions exist and that they yield clearly different consequences for their residents.

We have been unable to identify any type of institution that presently yields a comprehensive beneficial impact for residents.

Given these observations, it would seem that the best hope for an immediate advance in the provision of institutional services for children lies in the direction of institutions identifying the specific areas of child development in which they are most effective and making this information better known to their communities.

In this way the specific capacities of each institution can be more appropriately utilized by the community in serving children with particular types of child development problems or needs.

Until we develop the technical know how to make the institutional experience comprehensively effective, it would appear to be incumbent upon children's institutions to make such clear choices and declarations.

Indeed, a great deal of useful information could be obtained from close scrutiny applied by researchers and communities to institutions that continue to claim comprehensive effectiveness with the children they serve.

Staffs Have Their Own Agendas: Increasing Their Effectiveness May Not Increase Institutional Effectiveness

Our findings indicate that staff members, namely, social service and cottage life personnel, are generally ineffective as measured by their contribution to the achievement of the two basic institutional service goals.

They have been shown to have relatively little impact on the development of residents, and they are only infrequently the source for initiating institutional changes.

Further, it has been shown that their service orientations are peripheral to the kinds of institutional services provided and the degree of accuracy in their assessments of residents has little bearing on the decisions made regarding the admissions and replacement of children.

In sum, the degree of effectiveness achieved by an institution is primarily a by-product of staff actions taken to meet institutional needs rather than a direct consequence of purposeful staff actions aimed at achieving service goals.

In a technical sense, staff effectiveness in all these matters could be increased by according staffs a larger share of the responsibility for control and direction of their ininstitutions.

It is important to point out, however, that increasing staff effectiveness in this manner may not produce an increase in overall institutional effectiveness.

The reason for this is that staffs clearly have their own agendas of interests and job related needs that they might act to fulfill with their newfound authority and responsibility.

This observation follows from our findings that indicate staff members to be generally interested in expanding their levels of involvement in and control over institutional processes, perhaps at the expense of diminishing the levels of involvement and control accorded residents.

In short, these findings suggest staff members may be in competition with residents regarding involvement and control since a commanding position in these matters would enable either group to raise the meeting of its needs to a position of higher priority.

Our findings indicate, for example, that staff members concern with decentralization is expressed in terms of their interests in obtaining greater decision-making authority and more control over the development and implementation of reward/discipline systems.

Decentralization of this sort would simply distribute authority to staff away from the directors where most such authority is now vested.

Since our findings show that children profit from sharing in decision-making and from having rewards/discipline systems tied to their own acts rather than to wholly staff created regulations, it is doubtful that such a relocation would have any appreciable beneficial outcome for residents.

If, on the other hand, institutions were to proceed toward decentralization on the principle of increasing the benefits for residents, the children themselves might profit at the expense of further limiting the fulfillment of immediate staff interests.

A short term consequence of such a move might be immediate gains for residents accompanied by a lowering of morale and increased intrastaff antagonism among staff.

In our view, institutions should proceed with caution in moving toward increasing the technical effectiveness of their staffs by providing safeguards against the use of decentralized responsibility and authority to meet their own interests and needs.

Up to this point we have spoken only of the diversion of increased authority by staff to meet their own needs with a possible consequence of no increased benefits for children.

A subsidiary study in our research program (Thomas, 1973b), indicates that there may be more material risks, that is, an increase in the technical effectiveness of staff may in some cases yield detrimental consequences for children in care.

In this study, the relationships between staff orientations and residents' competency levels were examined comparing results for the 12 most centralized and the 11 most decentralized institutions in our sample.

This relationship was further analyized holding child length of stay constant.

Utilizing product-moment correlational techniques, we found that the relationships between staff orientations and residents' competency levels were substantially higher in decentralized institutions and that correlations were progressively higher the longer children remained in care. In centralized institutions this progression over length of time in care was not observed.

In other words, staff service orientations appear to have a material effect on child functioning in decentralized institutions but not in centralized institutions.

Decentralization does contribute to the extent to which staff get through to residents.

Subsequent analyses of staff orientations in these two groups of institutions suggest, however, that the increased impact associated with decentralization may not be all to the good.

Staffs in several decentralized institutions were found to be anti-community and child dominance oriented, while staffs in some centralized institutions were clearly community and child acceptance oriented.

Since decentralization intensifies the impact of staff orientations--whatever their quality--on the lives of residents, the results in this study were favorable in some instances, unfavorable in others.

From our perspective, some staffs with desirable service orientations were being impeded by highly centralized institutional decision-making structures while structures of a similar nature in other institutions were actually serving to protect residents from being exposed to undesirable staff orientations.

There are then, two cautions to be attended to in deciding to increase the technical effectiveness of staff members.

First, mechanisms must be found to prevent staff from turning their increased responsibility and control of institutional processes toward meeting their own interests and needs; and, secondly, an assessment of the quality of staff orientations must be made to determine whether the increased impact on children will result in favorable consequences or not.

Unless institutional decision-makers can satisfy their doubts on both counts, it is at least possible that changes made to increase staff effectiveness will not result in increased institutional effectiveness in meeting its primary service goals.

A few modest gains in staff effectiveness do appear to be possible without tackling these major problems, notably in the area of the child assessment process.

In this regard, our findings indicate that increasing the participation of cottage parents in admissions-retention-release decisions and improving the methods for obtaining comprehensive information on how children are progressing in the community context would contribute materially to the effectiveness of the child assessment process in many institutions.

Such gains are important and feasible. They should be undertaken, but institutions should not loose sight of the more basic issue of increasing the achievement of service goals directly through staff efforts.

In the absence of such actions to redirect staff energies, the level of effectiveness obtained by many institutions will continue to be a by-product of staff efforts spent in the service of maintaining routine, upholding tradition, implementing set service techniques, and a host of other process needs that appear, at present, to govern staff behavior.

Final Comments

Whether we should proceed on a course of deinstitutionalization relative to children's services within states, or nationally, cannot be determined on the basis of the findings from this study.

Indeed, neither the dark forebodings of some or the bright claims of others about the effects of institutional care on the development of children are supported.

For the great majority of children, the institutional experience does not materially hinder or assist their development, they simply seem to mature at roughly the same pace as noninstitutionalized children.

This lack of effect stems in part from the fact that institutional environments are not as powerful as they are sometimes believed to be.

The potency of the institutional environment is limited in the sense that it probably cannot achieve a complete and comprehensive organization of a child's total life experiences, even for the relatively short period of a child's growing up years spent in care.

The state of the art relative to institutional care is a further limiting factor.

Imposing technical problems stand in the way of the simultaneous achievement of both basic service goals, the simultaneous achievement of a beneficial impact on the development of residents' cognitive, social and affective competencies, and the improvement of staff effectiveness in bringing such efforts to reality.

In a real sense, the future of children's institutions as a viable substitute care alternative is tied to the resolution of these problems more than it is to the deliberations of policy makers.

Children's institutions are things of the past only if they cling to the past.

The route toward establishing and maintaining a socially useful role, however, does not lie in continuing the current practice of adopting cosmetic devices such as hip rhetoric and fad service techniques.

As the public becomes increasingly skeptical and economy oriented, it is less likely to be bilked into accepting children's institutions as effective simply because they seem to be up to date.

The resolution of the technical problems referred to means that highest priority must be given over to the identification of measurable goals of value to community and resident constituencies, detailed evaluations of existing facility-staff-financial resources, and ultimately, to well articulated plans for redeploying these resources in the direct service of goal achievement.

Institutions willing to undertake these organizational evaluation and development tasks will likely find continuing public support.

Those institutions that continue to depend upon fashionable rhetoric, professional certification, fad service techniques, and similar devices and trappings to do the job of convincing the public for them, will find themselves endlessly bound to public relations efforts to justify their role as such standards and fads rise to and fall from favor over time.

In the long run, they will more than likely find themselves in the company of the more comfortably fixed institutions (that perceive no current need to invest in organizational evaluation and development efforts) in a struggle among the least fit for survival.

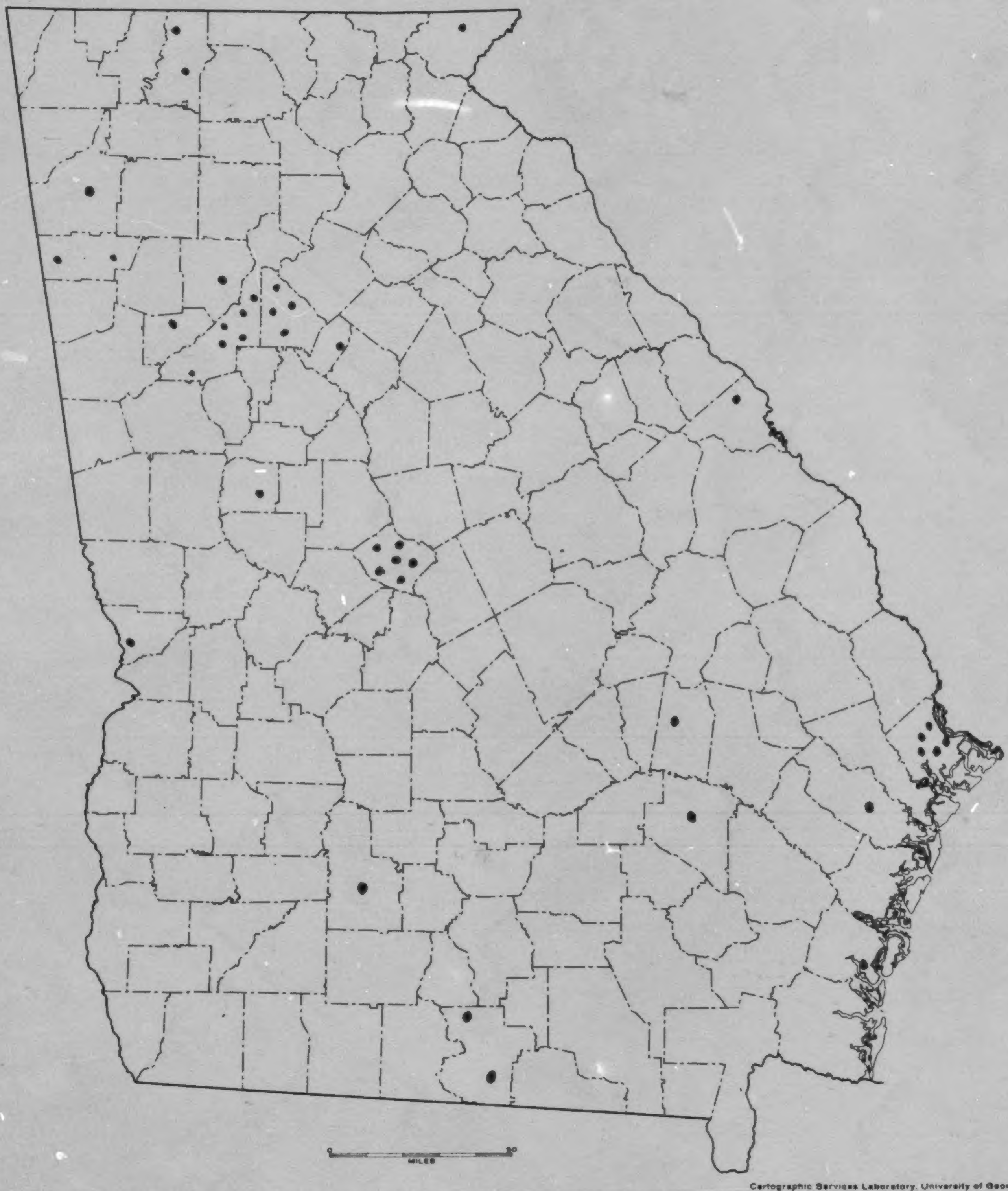
APPENDIX A

List of Paricipating Children's Institutions

Anne Elizabeth Shepherd Home
Appleton Church Home for Girls
Bethesda Home for Boys
Boy's Estate
Calvary Children's Home
Carrie Steele-Pitts Home
Cherokee Boy's Estate
Christian City
Dalton Rescue Mission
Ethel Harpst Home, Inc.
Florence Crittenton Home
Georgia Baptist Children's Home (Baxley)
Georgia Baptist Children's Home (Palmetto)
Georgia Baptist Children's Home (Pine Mountain)
Georgia Christian Home
Georgia Industrial Home
Georgia Sheriffs Boy's Ranch
Gould Cottage for Children
Greenbriar Children's Center
Haelan Hall at Midway (Tidelands)
Hephzibah Children's Home
Hillside Cottages
Masonic Home of Georgia
Methodist Children's Home (Decatur)
Open Door Home
Planatation Manor
Rabun Gap-Nacoochee School
Sarah D. Murphy Home
Savannah Home for Girls
Shiloh Orphanage
Southern Christian Home
Sowega Youth Home
St. Mary's Home
The Methodist Home (Macon)
Village of St. Joseph

APPENDIX B

Geographical Distribution of Voluntary Children's Institutions in Georgia, 1973



Cartographic Services Laboratory, University of Georgia

APPENDIX C

Summary Tables:

Structural Characteristics of Children's Institutions

APPENDIX C

Table C-1 Number of Institutions Receiving Financial Support from Selected Sources, 1972
(N=33)

Source	Number of Institutions
Endowments	17
Sponsoring religious bodies	18
Individual bequests	24
Parent payments	23
Community chest	11
Own fund raising	9
Payments from private referring agencies	9
Federal grants, program subsidies	8
State per diem rates	9

Table C-2 Number of Institutions Admitting Children with Special Problems, 1972

Do you admit children who are (or have):

	Physically Handicapped	Mentally Retarded	Delinquent	Emotional Problems	Behavioral Problems
Yes, regularly	2	--	11	10	4
Only in rare cases	16	8	11	12	14
Do not accept	14	24	10	10	14
Totals	32	32	32	32	32

Table C-3: Distribution of Institutions by Type of Residential Facilities and Types of Living Arrangements, 1972

Type of Residential Facilities	N	Type of Living Arrangements Dorm Style	Separate Quarters**
Single Main Bldg./ Residence Hall	7	3	4
Cottages Exclusively*	23	--	23
Cottages and Dorms	2	2	2
Totals	32		

*Cottages are separate buildings limited to fewer than 20 children, dorms are separate buildings with capacity exceeding 20.

**Separate quarters means rooms for 1 to 4 children.

Table C-4: Distribution of Institutions as to Facilities for Meal Preparation and Service, 1972

	Meal Preparation	Meal Service
In Centralized Facilities		
All meals & snacks	4*	4
All meals	10	8
2 meals a day	2	3
1 meal a day	2	--
In Cottage Facilities		
All meals & snacks	14	17
Totals	32	32

*Includes one institution bringing in one meal daily from the community.

Table C-5: Distribution of Institutions by Percentages of Children Having Selected Types of Diagnostic Evaluations at Admissions, 1972

	% of Children				
	0	1-50	51-99	100	Inst. Totals
Physical Exam	--	1	1	30	32
Dental Exam	14	3	2	13	32
Psychological Tests	3	10	5	14	32
Psychiatric Evaluations	19	8	3	2	32

Table C-6: Distribution of Institutions by Provider of Diagnostic Evaluations, 1972

	Provider:					
	Inst.	Agency Sponsoring Inst.	Referring Agency	Inst. Referral to Public Facilities	Inst. With No Provision for Exams	Inst. Totals
Phys. Exams	2	--	18	12	--	32
Dental Exams	2	--	8	8	14	32
Psych. Tests	4	1	17	7	3	32
Psych. Eval.	2	1	7	3	19	32

Table C-7: Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Counseling Programs, 1972

	% Residents Participating:						
	No Prog.	1-25	26-50	51-74	75-99	100	Inst. Totals
Case Work	3	5	4	3	2	15	32
Sessions w/ Psychiatrist	13	15	3	--	--	1	32
Psychological Counseling/ Testing	8	10	5	--	1	8	32
Group Work Therapy	11	8	4	2	--	7	32
Play Therapy	20	5	--	--	1	6	32
Other	29	1	--	--	--	2	32

Table C-8: Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Education Programs, 1972

	% of Residents Participating:						
	No Prog.	1-25	26-50	51-75	76-99	100	Inst. Totals
Indiv. Tutoring	6	8	11	2	1	4	32
Resid. Classes	20	3	17	--	1	1	32
Relig. Education	17	1	1	--	1	12	32
Art, Music Educ.	13	8	6	2	1	2	32
Voc. Training	23	5	3	--	1	--	32
Home Econ.	26	1	4	--	--	1	32
Phys. Educ.	15	1	1	2	5	8	32
Other	31	--	--	--	--	1	32

Table C-9: Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Recreation Programs, 1972

	% Residents Participating:						
	No Prog.	1-25	26-50	51-74	75-99	All	Inst. Totals
Organized Outdoor Team Sports	13	1	6	2	1	9	32
Organized Indoor Team Sports	17	—	5	2	3	5	32
Organized Outdoor Games	17	1	4	2	4	4	32
Organized Indoor Games	10	1	4	4	3	10	32
Periodic Movies	13	1	3	—	2	13	32
Guided Crafts/ Hobbies	14	5	7	1	1	4	32
Other	27	—	1	1	1	2	32

Table C-10: Distribution of Institutions by General Levels of Community Participation by Child Populations, 1972

		Level of General Participation			
	N	Low**	Moderate	High	Sample Mean
Range of Mean	32	-3.40	3.40-3.90	3.91+	*3.88
Number of Inst.	32	12	4	16	

*Theoretical maximum mean is 6.00 meaning total participation in all 13 types of activities, with minimum being 0.00. Range in sample was 2.23 to 5.62.

**Low: less than 25 percent participate in fewer than 4 activities.
Moderate: about 50 percent participate in at least 4.6 activities.
High: over 50 percent participate in more than 6 activities.

Table C-11: Distribution of Institutions According to Who Usually Accompanies and Most Common Mode of Transport Used When Children Go to Community, 1972

		Who Commonly Accompanies:			Most Common Mode of Travel:		
	N	Staff	Vol/ Par*	Travel Alone	Inst. Car/Bus	Vol/ Par	Public
Groups of Children	32	16	15	1	29	2	1
Individual Children	32	9	13	10	27	3	2

*Represents Volunteers/Parents

Table C-12: Distribution of Institutions by Daily Life Decision-Making Modes, 1972

Type of Child Behavior	N	Most Common Pattern or Mode of Involvement: Dir Only	Pro Staff Only	Dir & Pro Staff	Cot Par Only	Dir &/ or Pro Staff & Cot Par	Dir &/ or Pro Staff Cot Par & Child
On-Grounds	32	3	--	--	3	8	18
Community	32	5	3	3	--	9	12
Adolescent	30*	8	--	4	--	5	13
Overall (Totals)	32	5	2	1	--	8	16

*N=30 for adolescent, 2 institutions neither having or serving adolescents at time of data collection.

Table C-13: Extent of Involvement in Daily Life Decision-Making by Staff Level and Type of Child Behavior, 1972

Type of Child Behavior	N	% Staff Level Involvement: Board	Dir	Pro* Staff	Cottage Parents	Children Themselves
On-Grounds	32	7.0	55.0	39.0	71.0	45.0
Community	32	13.0	62.0	52.0	60.0	36.0
Adolescent	32	14.0	64.0	44.0	50.0	39.0
Overall (Totals)	32	10.0	59.0	46.0	65.0	41.0

*Computed across 26 institutions having such staff at time of data collection.

Table C-14: Extent of Exercise of Final Authority in Daily Life Decision-Making, by Staff Level and Type of Child Behavior, 1972

Type of Child Behavior	% Staff Level Final Authority Board	Dir.	Pro Staff	Cottage Parents	Children Themselves	Totals
On-Grounds	5.0	39.0	18.0	32.0	6.0	100.0
Community	8.0	51.0	26.0	13.0	3.0	100.0*
Adolescents	11.0	54.0	17.0	13.0	5.0	100.0
Overall (Totals)	7.0	45.0	18.0	24.0	5.0	100.0

*Percentages do not add to 100 due to rounding error.

Table C-15: Distribution of Institutions by Ratios of Use of Verbal Reprimand/Expulsion as Disciplinary Measures, for First and Repeated Offenses, 1972

	N	Frequency of Use of Verbal Reprimand/Expulsion Below 1:1	Between 1:1-10:1	Between 11:1-25:1	Between 26:1-50:1	Above 51:1	Sample Average Ratio
First Offense	30	3	8	4	3	12	66:1
Repeated Offense (of same behavior)	22*	12	10	--	--	--	4:1
Overall (Totals)	30	8	12	6	4	--	17:1

*Two directors claimed no knowledge about how to respond to repeated offenders, and 8 others indicated they presently had no coherent approach for coping with them.

Table C-16: Distribution of Institutions by Ratios of Who Disciplines, Cottage Parent/Director, for First and Repeated Offenses, 1972

		How Often Cottage Parents/ Directors Discipline					
	N	Below 1:1	Between 1:1-5:1	Between 6:1-10:1	Between 11:1-25:1	Above 26:1	Sample Average Ratio
First Offense	31	7	9	2	3	10	55:1*
Repeated Offense (of same behavior)	31	27	--	1	--	3	17:1
Overall (Totals)	31	23	4	--	--	4	21:1

*Sample average ratio distorted by fact that ratios of 100:1 were reported for 2 institutions.

Table C-17: Distribution of Institutions by Staff Level Most Often Exercising Discipline, for First and Repeated Offenses, 1972

	N	Mostly* Director	Dir and Pro Staff	Mostly Pro Staff	Mostly Cottage Parents	Sample Mean
Range of Mean	31	-2.00-2.50	2.51-3.00	3.01-3.50	3.51+	
First Offense	31	4	1	10	16	3.25
Repeated Offense (as same behavior)	31	19	4	3	5	2.48
Overall (Totals)	31	5	14	7	5	2.86

*A mean of 2.00 indicates directors make all disciplinary decisions and a mean of 4.00 or above would indicate cottage parents make all such decisions.

Table C-18: Distribution of Institutions by Staff Level Most Often Responsible for Providing Rewards, 1972

	N	Mostly* Dir	Dir and Pro Staff	Mostly Prof Staff	Mostly Cottage Parents	Sample Mean
Range of Mean	32	-2.00-2.50	2.51-3.00	3.01-3.50	3.51+	3.56
Number of Inst.	32	3	2	7	20	

*A mean of 2.00 would indicate that directors provide all rewards, one of 4.00 or above that cottage parents provide all rewards.

Table C-19: Distribution of Institutions by Ratios of Use of Community Privileges/Verbal Praise as Rewards for Excellent Behavior, 1972 (N=31)

	Frequency of Use Community Privileges/Verbal Praise				
	4:1 & above	3:1	2:1	1:1 & below	Sample Average Ratio
Number of Inst.	1*	—	--	30	1:3

*Ratio is 58:1 which has dramatic effect on sample average ratio.

Table C-20: Distribution of Institutions by Frequency of Use of Facilities by Non-Residents, 1972

General Purpose	N	On-Going Approval of Use	Occasional or Special Approval of Use	Not Approved or Never Utilized
Non-Resident Children free use of play equipment	32	8	15	9
Non-Resident Children invited to organized activities with residents	32	6	16	10
Sponsor day-care program for residents/non-residents	32	1	2	29
Community agency use for non-resident day-care only	32	1	1	30
Non-resident children's groups/clubs use for own purposes only	32	4	12	16
Adult groups (church, school, etc) use for meetings/club activities	32	7	17	8

Table C-21: Distribution of Institutions by Degree of Involvement in Provision of Selected Services to Non-Resident Children, 1972

Type of Child Service	N	Degree of Involvement: Provide Direct Services	Refer to Other Source Only	Neither Provide Nor Refer
Casework	32	7	--	25
Family Therapy	32	2	4	26
Group Therapy	32	--	2	30
Day-Care For Working Parents	32	3	--	29
Foster Home Service	32	--	3	29
Group Home Service	32	--	1	31
Adoption	32	--	2	30
Pregnant/Unmarried Parent Services	32	1	1	30
Other	32	2	--	30

Table C-22: Distribution of Institutions by Percentages of Parents Involvement in Selected Parent Service Programs, 1972

Type of Service	N	No Prog	% of Parents Involved: 1-25	26-50	51-74	75-99	All
Family Counseling (Parent/Child)	32	16	9	3	1	2	1
Parent Group Sessions	32	24	5	3	--	--	--
Casework w/Parents	32	14	6	5	4	2	1
Psychological Testing of Parents	32	32	--	--	--	--	--
Overnight Visits by Parents at Inst.	32	25	6	1	--	--	--
Regular Home Visits by Staff to Parents	32	30	1	1	--	--	--

Table C-23: Distribution of Institutions by Degree of Involvement in Selected Pre-Placement/After-Care Services, 1972

Types of Pre-Placement/ After-Care Services	N	Provide Direct Service	Refer Only	Neither Refer Nor Provide
Pre-Placement Visits	32	16	11	5
Pre-Placement Parent Counseling (Natural or Substitute)	32	19	5	8
Foster Home Finding	32	7	11	14
Foster Home Services	32	3	11	18
Group Home Services	32	1	6	25
Adoption	32	1	6	25
On-Grounds Day-Care After Placement	32	--	4	28
Reacceptance for Temporary Shelter After Placement	32	16	7	9
Home Follow-up Visits	32	11	7	14
Job Finding	32	21	5	6

APPENDIX D

Summary Tables:

Characteristics of Institutional Staffs

APPENDIX D

Table D-1: Distribution of Total Institutional Staffs by Age Level, 1972 (32 Institutions)

	Age Range						
	-21	21-30	31-40	41-50	51-60	61+	Total
No. of Staff	3	96	46	55	85	47	332
Percent of Total	--	29.0	14.0	17.0	27.0	14.0	100.0*

*Percentages do not add to 100 due to rounding error.

Table D-2: Distribution of Institutions by Staff Percentages Male/Female*, 1972 (32 Institutions)

	← % Male				% Female →			
	100	+75-	+67-	50-50	-67+	-75+	100	Total
No. of Inst.	--	--	1	7	8	11	5	32

*Computed from 342 staff responses.

Table D-3: Distribution of Total Institutional Staffs by Length of Time at Institution and in Present Job, 1972 By Number and Percent (32 Institutions)

	Number of Years				
	Less Than 1	Between 1-4	Between 5-9	Over 10	Total
No. Years at Institution	53 (16)	187 (55)	60 (18)	43 (11)	343 (100)
No. Years in Present Job	61 (18)	170 (50)	67 (20)	45 (12)	343 (100)

Table D-4: Distribution of Total Institutional Staffs by Formal Education Grade Level Accomplishment and Staff Level by Number & Percent, 1972 (32 Institutions)

		Grade Level Accomplishment (in years)			
	Totals N (%)	0-8 N (%)	9-12 N (%)	13-16 N (%)	17+ N (%)
Directors	27 (8)	1 (4)	4 (15)	8 (30)	14 (51)
Adm. Assistants	19 (6)	---	9 (47)	6 (32)	4 (21)
Social Service	35 (10)	---	1 (3)	18 (51)	16 (6)
Teachers	14 (4)	---	3 (21)	6 (43)	5 (36)
Cottage Parents	211 (63)	142 (68)	63 (30)	6 (2)	---
Others	29 (9)	2 (7)	18 (62)	7 (24)	2 (7)
Totals	335 (100)	145 (44)	98 (29)	51 (15)	41 (12)

Table D-5: Distribution of Total Institutional Staffs by Level of Participation in Selected Training/Educational Activities in 1971 (32 Institutions)

	Number and Percent Attending									
	None		1		2		3+		Totals	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Off-grounds conventions/ workshops	193	(56)	87	(25)	34	(10)	29	(8)	343	(100.0)*
Institutionally sponsored in-service training	200	(59)	59	(17)	29	(9)	54	(16)	343	(100)
H.S. or college courses taken	289	(84)	18	(5)	5	(2)	31	(9)	343	(100)

*Percentages do not equal 100 due to rounding error.

Table D-6: Level of Participation in Selected Training/Educational Activities in 1971 by Staff Level (32 Institutions)

			Number and % of Each Staff Level with No Participation:					
	Totals		Off-Grounds Conventions? Workshops		In-Service Training		H. S. or College Course Work	
	N	(%)	N	(%)	N	(%)	N	(%)
Directors	27	(8)	7	(26)	10	(37)	26	(96)
Adm. Assistants	19	(6)	9	(47)	9	(47)	17	(90)
Social Service	35	(10)	7	(20)	18	(53)	22	(63)
Teachers	14	(4)	5	(36)	9	(64)	11	(79)
Cottage Parents	216	(63)	141	(65)	133	(62)	186	(86)
Other	31	(9)	24	(80)	22	(71)	26	(84)

342/100

APPENDIX E

Summary Tables:

Characteristics of Resident Child Populations

APPENDIX E

Table E-1: Age Distribution of the Resident Child Population, 1972. (36 Institutions)

	Age Range (in years)					
	-6	6-9	10-13	14-17	18+	Totals
Number	132	576	576	346	17	1647
Percent of total	8.0	35.0	35.0	21.0	1.0	100

It should be noted here that 29 institutions have a mix of pre-teens and teenagers in their current populations while 4 are serving no children over age 13 and 3 are serving teenagers exclusively.

Table E-2: Sex and Race Distribution of the Resident Child Population, 1972. (36 Institutions)

	Race			Sex		
	White	Black	Other	Male	Female	Totals
Number	1445	191	11	922	725	1647
Percent of Total	87.7	11.6	.7	56.0	44.0	100.0

Table E-3: Parental Age Distribution at Point of Child Placement (36 Institutions)

		AGE					
		Under 30	31-40	41-50	51+	Deceased	Totals
Father's Age	N	115	560	511	197	264	1647
	%	(7)	(34)	(31)	(12)	(16)	(100)
Mother's Age	N	313	725	296	33	280	1647
	%	(19)	(44)	(18)	(2)	(17)	(100)

Table E-4: Parent Occupations at Point of Child Placement (36 Institutions)

		Professional	White Collar*	Manual Labor**	Farm Labor	Housewife (Unemp)	Totals
Father	N	115	165	1268	99	—	1647
	%	(7)	(10)	(77)	(6)	—	(100)
Mother	N	115	247	659	—	626	1647
	%	(7)	(15)	(40)		(38)	(100)

*Includes managerial, clerical, sales work

**Includes crafts and trade, machine operative, domestic service/ maintenance work.

Table E-5: Family Income Distribution at Point of Child Placement (36 Institutions)

	-3000	3001-6	6001=12	12001+	Unkn.	Totals
Number of Families	675	576	329	66	1	1647
Percent of Total	41.0	35.0	20.0	4.0	--	100.0

Table E-6: Family Size Distribution at Point of Child Placement (36 Institutions)

	1	2-3	4-5	6+	Totals
Number of Children	115	461	594	477	1647
Percent of Total	7.0	28.0	36.0	29.0	100.0

Table E-7: Child's Last Place of Residence Prior to Placement (36 Institutions)

	One Natural Parent	Both Natural Parents	Grand Parents	Other Relatives	Foster Home	Other Child Inst.	Detention	Other	Totals
Number of Children	609	264	165	181	264	82	33	49	1647
Percent of Total	37.0	16.0	10.0	11.0	16.0	5.0	2.0	3.0	100.0

Table E-8: Distribution of Children By Number of Residential Placements Prior to Present Placement (36 Institutions)

	None	1	2	3	4	5+	Totals
Number of Children	1136	247	165	49	33	17	1647
Percent of Total	69.0	15.0	10.0	3.0	2.0	1.0	100.0

Table E-9: Distribution of Referrals to Institutions by Sources (36 Institutions)

	Welfare Dept.	Vol. Parents	Juvenile Courts	Relatives	Church	Other Child Inst.	Doctor	Other	Totals
Number of Referrals	494	461	313	198	99	33	16	33	1647
Percent of Total	30.0	28.0	19.0	12.0	6.0	2.0	1.0	2.0	100.0

Table E-10: Distribution of Reasons for Initiation of Referrals for Placement (36 Institutions)

	Family Disaster*	Abuse, Neglect	Child Unmanageable	Delinquency**	Child Emot'l. Problem	Mental/ Physical Handicap	Marital Breakdown	School*** Problem	Totals
Number of Referrals	576	395	379	115	66	49	49	17	1647
Percent of Total	35.0	24.0	23.0	7.0	4.0	3.0	3.0	1.0	100.0

*Represents parent death/dissertion, or parent incapacitated or institutionalized for criminal/health reasons.

**Includes those adjudicated delinquent (4 percent), drug use (3 percent), and running away (less than .4 percent).

***Includes truancy and other school behavior problems.

Also not included are girls in one institution for unwed mothers who account for less than .2 percent of all referrals.

Table E-11: Distribution of Legal Guardianship Arrangements for Total Resident Population, by Type, 1972 (36 Institutions)

	Parents	Welfare Dept.	Juvenile Courts	Relatives	Inst.	Other**	Totals
Number of Children	741	346	280	148	99	33	1647
Percent of Total	45.0	21.0	17.0	9.0	6.0	2.0	100.0

*Includes private referring agencies and foster parents.

Table E-12: Distribution of Total Resident Population by Length of Stay, 1972. (36 Institutions)

	Number of Months in Residence:								
	New Admissions 1	2-6	7-12	13-24	25-36	37-48	49-60	61+	Totals
Number of Children	40	165	148	329	198	165	132	461	1647
Percent of Total	3.0	10.0	9.0	20.0	12.0	10.0	8.0	28.0	100.0

Table E-13: Number of Institutions Utilizing Selected Replacement Sources Over Last Two Years (1971-72), by Percent Utilized (32 Institutions)

Type of Replacement	None	Number of institutions utilizing placement sources at following percent levels: 1-10% of Total	11-25% of Total	26-50% of Total	51-75% of Total	+75% of Total
Independent Living	9	14	5	3	1	--
Own Home	3	1	3	8	6	11
Relatives	4	14	10	3	--	1
Foster Home	16	11	2	3	--	--
Group Home	28	2	2	--	--	--
Inst. for Delinquents	15	15	2	--	--	--
Inst. for Mentally Retarded	28	1	2	1	--	--
Inst. for Dependent/ Neglected	16	10	5	--	--	--
Other	29	1	2	--	--	--

APPENDIX F

Procedures for Baselining Children's Institutions

Exhibit F-1: Procedures for Obtaining Weights for the Institutional Community-Orientedness Profile

Exhibit F-2: Institutional Profile Tally Sheet

Exhibit F-3: Reliability/Validity Cross Checks for Baseline Survey Data

Exhibit F-1

Procedures for Obtaining Weights for the Institutional Community-Orientedness Profile

Survey Item Number	Variable Name	Criterion	Weight Assignment*
1	Auspices	record number	
3	Location	record number	
21	# sep. facilities	$\bar{X}$s	(=+) (=-)
23	Current # residents	record number	
22-23	# vacancies	$\bar{X}$s	(=+) (=-)
31	Waiting list?	0/1	0=- 1=+
39	Ave. length stay (mo)	$\bar{X}$s	(=+) (=-)
30-40	Balanced ratio admissions/releases?	see attached score routine	
30-40	High/low adm/release flow		
29	Source referrals	see attached score routine	
41	Source replacements	see attached score routine	
24	Have boys 12-15	0/1	0=- 1=+
24	Have boys 16-20	0/1	0=- 1=+
24	Have girls 12-15	0/1	0=- 1=+
24	Have girls 16-20	0/1	0=- 1=+
25	% non white	Ave. %s	(=-) (=+)
26	% -3,000 income	Ave. %s	(=-) (=+)
27	% no locatable parent	Ave. %s	(=-) (=+)
28	% 1+ prior placements	Ave. %s	(=-) (=+)
33	Have phys. handi.?	0/1	0=- 1=+
33	Have mental retard.?	0/1	0=- 1=+
33	Have delinquents?	0/1	0=- 1=+
33	Have severe behav. prob.?	0/1	0=- 1=+
33	Have severe emot. prob.?	0/1	0=- 1=+
34	Variability Age/Sex accepted	$\bar{X}$s	(=-) (=+)
35	Adms. restrict by miles	0/1	0=- 1=+
36	Adms. restrict by Geo-Politic boundaries	0/1	0=- 1=+
27	Adms. restrict, parent availability	0/1	0=- 1=+
33	Admit spec. prob. child	$\bar{X}$s	(=-) (=+)
42A/23	Ratio: FT staff/Tot child pop.	Ratio_s	(=-) (=+)

0=Unfavorable
1=Favorable

* +=community oriented
-=non community oriented

Survey Item Number	Variable Name	Criterion		Weight Assignment		
42A	Ratio: Tot adm. pd. staff/Tot pd. ser. staff	Ratio_s		(=+) (=-)		
42A	Ratio: Tot Vol/Tot pd. ser. staff	Ratio_s		(=-) (=+)		
42A/23	Ratio: FT cot life/ Tot child pop.	Ratio_s		(=-) (=+)		
42A/B	Turnover FT staff, 1971	Ave. %s		(=+) (=-)		
42A/C	% unfilled positions, 1971 end	Ave %s		(=+) (=-)		
51	Amt. staff train: exec.	$\bar{X}$s		(=-) (=+)		
51	Amt. staff train: prof. staff	$\bar{X}$s		(=-) (=+)		
51	Amt. staff train: cot life/sub pro.	$\bar{X}$s		(=-) (=+)		
9	Plan facility change?		0/1		0=-	1=+
59	Plan function change?		0/1		0=-	1=+
82	1st priority change		0/1		0=-	1=+
16	Exec satis, liv arr.		0/1		0=-	1=+
20	Exec satis, indoor facilities		0/1		0=-	1=+
20	Exec satis, outdoor facilities		0/1		0=-	1=+
70	Exec rating of neighborhood	$\bar{X}$s		=- =+		
63	Reason school on grounds		0/1	*NA=-0	0=-	1=+
71	Exec view too many/ too few child services	$\bar{X}$s		(=-) (=+)		
73	Exec view comm. reaction: innovations	$\bar{X}$s		(=-) (=+)		
10	Main bldg residential?		0/1		0=-	1=+
11	Type LA, main bldg.		0/1	*NA=-0	0=-	1=+
12	# cottages w/20-kids		0/1		0=-	1=+
13	Type LA, cottages 20-kids		0/1	*NA=-0	0=-	1=+
14	Bldgs w/20+ kids		0/1		0=+	1=-
15	Type LA, w/20+kids		0/1	*NA=-0	0=-	1=+
17	Meals prepared	$\bar{X}$s		(=+) (=-)		
18	Meals served	$\bar{X}$s		(=+) (=-)		
62	School on grounds?		0/1		0=-	1=+
65	Supply Educ. Programs	$\bar{X}$s		(=+) (=-)		

Survey Item Number	Variable Name	Criterion	Weight Assignment
66	Counseling prog. (5 types)	$\bar{X}$s	(=+) (=-)
67	Recreation prog. (6 types)	$\bar{X}$s	(=+) (=-)
37	Rec'g adm. exams (4 types)	$\bar{X}$s	(=-) (=+)
38	% exams done at institution (4 types)	Ave. %s	(=-) (=+)
54	Who accompanies, groups (6 situations)	$\bar{X}$s	(=-) (=+)
55	Who accompanies, individuals (6 situations)	$\bar{X}$s	(=-) (=+)
56	Labeling kids	$\bar{X}$s	(=-) (=+)
74	% comm. part. by kids (17 types)	Ave. %s	(=-) (=+)
75	Amt. aftercare	$\bar{X}$s	(=-) (=+)
77	Amt. work w/nat'l par.	Ave. %s	(=-) (=+)
79	Amt. ser. non-residents	Ave. %s	(=-) (=+)
80	Comm. use of facilities	Ave. %s	(=-) (=+)
50	Amt. staff comm. involvement	Ave. %s	(=-) (=+)
50	Cent. of staff rep. in comm.	$\bar{X}$s	(=+) (=-)
50	Amt. involvement/Tot poss. involvement	Ratio_s	(=-) (=+)
52	Mode transport in groups	% pub. trans. % institutional % community	100.=+ 10.=- 1.=+
53	Mode transport, individuals	% pub. trans. % institutional % community	100.=+ 10.=- 1.=+
Questionnaire Item Variable			
45(1-20)	Type Discipline (1st offense)	Sample Ratio: % time verbal reprimand/%time expulsion	(=-) (=+)
45(1-20)	Type Discipline (repeat offense)	Sample Ratio: % time verbal reprimand/ % time expulsion	(=-) (=+)

Survey Item Number	Variable Name	Criterion	Weight Assignment
46(1-20)	Who disciplines (1st offense)	Sample Ratio: % time cot. par./exec.	⌣=− ⌢=+
46(1-20)	Who disciplines (rep. offense)	Sample Ratio: % time cot. par./exec.	⌣=− ⌢=+
47(1-12)	Type rewards	Sample Ratio: % time comm. privileges/ % time verbal praise	⌣=− ⌢=+
48(1-12)	Who rewards	Sample Ratio: % time cot. par./% time exec.	⌣=− ⌢=+
48(1-12)	Centralization, who rewards	$\bar{X}$s	⌣=− ⌢=+
46(1-20)	Centralization, who disciplines	$\bar{X}$s	⌣=− ⌢=+
44(1-42)*	Daily Life D-M pattern	Inst. mode (computed by program, see Exhibit A-5)	Modes: Board, exec. only = -- Exec., others, no child = - exec., others & child = - + others only = + others & child = + +
44(1-42)*	Child D-M involvement	Sample Ratio: % time child/ % time exec.	⌣=− ⌢=+
44(1-42)*	Centralization of final authority	$\bar{X}$s	⌣=− ⌢=+

*Results obtained for total items (N=42) as well as for on-grounds items (N=21), community items (N=21), and adolescent items (N=10).

Addendum: Special Weighting Procedures

	Variable Name	Computation	Weight Assignment
30-40	Balanced Ratio admissions/ releases	Use print out score, balance = 1.00 if score exceeds 1.00 by .25 or more (+ or -) score -, if not, score +	Score: + or - .25 deviation from 1.0 = - Less than .25 (+ or -) = +
30-40	High/low admission/ release flow	divide: 1) # admissions 1971/rated capacity 2) # releases 1971/ rated capacity Take above results as positive if .50 or better (i.e., 50% or more residents are 1971 admissions, and/or releases)	Score: Adm. release .50 .50 = -- .50 .50 = -+ .50 .50 = +- .50 .50 = ++
29	Source referrals	Starting with largest %, then next largest %, etc., Sum the # of sources needed to exceed 67% of total referrals	Score: if 2 or fewer sources needed, = - 3 or more sources needed, = +
41	Source replacements	Sum print out variables 23, 24, 25, 26	Score: if summed percentages equal or exceed 30%, = - if less than 30%, = +

Exhibit F-2

Institutional Profile Tally Sheet

Institution # _____

E. Meeting Community Need (Range: +44 to -44)*

E1. Child Flow (Range: +6 to -6)

# Vacancies _____
Waiting List _____
Ave. Length Stay _____
Admissions/Releases _____
Sources Referral _____
Sources Replacement _____

E2. Comp. of Population (Range: +13 to -13)

Serving Older Child (+_____ -_____)

(Age 12-15 M) _____
(Age 16-20 M) _____
(Age 12-15 F) _____
(Age 16-20 F) _____

Serving Disadvantaged Child (+_____ -_____)

(% Non-White) _____
(% -$3,000 Income) _____
(% No Parent Locat.) _____
(% 1 or More Prior Placements) _____

Serving Special Problem Child (+_____ -_____)

(Physical Hand.) _____
(Mental Retard.) _____
(Delinquents) _____
(Severe Behav. Prob.) _____
(Emotion. Dist.) _____

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* + = community oriented
  - = non-community oriented

E3. Restrictiveness of Admissions (Range: +5 to -5)

Var. of Ages/Sex _____
Distance in Miles _____
Geo-Polit. Boundaries _____
Parental Availability _____
Special Prob. _____

E4. Staff Capacity: Staff Depth (Range: +3 to -3)

TFT/Adm. St/Tot. Child Pop. _____
T. Adm. St./Tot. Ser. St. _____
Tot. Paid Cot. Life/Tot. Child Pop. _____

E5. Staff Capacity: Prog. Cont./Flex. (Range: +3 to -3)

Turnover Rate, Paid Staff _____
Unfilled Adm./Ser. Pos. _____
Deg. on-Going Train. _____

E6. Cross Flow (Range: +7 to -7)

Staff Comm. Involvement _____
Centralization of Staff Involv. _____
Volunteers/Tot. Paid Staff _____
Deg. of Comm. Use (4 averages) _____

E7. Instit. Status-Prog./Facil. Change (Range: +7 to -7)

Facility Change _____
Function Change _____
1st Change Priority _____
Exec. Change Orientations (4 averages) _____

I. Preparing Resident Children (Range: +50 to -50)

I1. Use of Comm: Replacement Prep. (Range +8 to -8)

Child Part. in 17 Types _____
Deg. of Prog. Work with Parents (3 averages) _____
Deg. of Aftercare (4 averages) _____

I2. Use of Comm: Child Stigma. (Range: +5 to -5)

Group Transportation _____
Individual Transportation _____
Who Accompanies Gps. _____
Who Accompanies Ind. _____
Deg. of Labelling Children _____

I3. On Grounds: Cent. of Live/Eat Fac. (Range: +8 to -8)

Main Bldg. Res. _____
If yes, type living arr. _____
# Cottages -20 Kids _____
If 1 or more, type living arr. _____
# Dorms 20+ Kids _____
If 1 or more, type living arr. _____
Meals Prepared _____
Meals Served _____

I4. On Grounds: Comp. of Prog. (Range: +7 to -7)

Facilities: # of Bldgs. with Sep. Function _____
School on Grounds _____
Spec. Ed. Children _____
5 Types Cons./Ther. _____
6 Forms Recreation _____
Ave. Prov. 4 Types Admiss. Diag. _____
Child Rec. 4 Types Admiss. Diag. _____

I5. Daily Life Decision-Making Pattern (Range: +8 to -8)

Mode, on Grounds Items _____
Mode, Community Items _____
Mode, Adolescent Items _____
Mode, Total _____
Ratio: Child Involv. on-Grounds _____
Ratio: Child Involv. Community _____
Ratio: Child Involv. Adolescent _____
Ratio: Total _____

I6. Discipline/Rewards (Range: +8 to -8)

Type Discipline, 1st off. _____
Type Discipline, rep. off. _____
Who Disciplines, 1st off. _____
Who Disciplines, rep. off. _____
Type Rewards _____
Who Rewards _____
Centralization Discipline _____
Centralization Rewards _____

I7. Centralization of Final Authority (Range: +6 to -6)

Exec. Authority +.50 on Grounds _____
Exec. Authority +.50 Community _____
Exec. Authority +.50 Adolescent _____
Exec. Authority +.50 Total _____
Above/Below $\bar{X}$s _____

Exhibit F-3

Reliability/Validity Cross Checks for Baseline Survey Data

Primary Data Source: Baseline Survey Variable	Secondary Data Source	Measure of Agreement Between Data Sources
E. Meeting Community Need		
E1. Child Flow		
# Vacancies	None	
Waiting List	None	
Ave. Length Stay	Case record review	t = 1.04 ns
Admissions/Releases	Case record review	***
Source Referral	Case record review	**
Source Replacement	Case record review	**
E2. Comp. of Population		
Serving Older Child		
(Age 12-15 M)	Case record review	*
(Age 16-20 M)	Case record review	*
(Age 12-15 F)	Case record review	*
(Age 16-20 F)	Case record review	*
Serving Disadvantaged Child		
(% Non-White)	Case record review	**
(% -$3,000 Income)	Case record review	**
(% No Parent Locat.)	Case record review	*
(% 1 or More Prior Placements)	Case record review	***
Serving Special Problem Child		
(% Physical Hand.)	Case record review	*
(% Mental Retard.)	Case record review	*
(% Delinquents)	Case record review	*
(% Severe Behav. Prob.)	Case record review	**
(% Emotion. Dist.)	Case record review	**

Key: Sources Agree Within (+ or -)
5% variation = *
10% variation = **
20% variation = ***
variation exceeds 25% = ****

Primary Data Source: Baseline Survey Variable	Secondary Data Source	Measure of Agreement Between Data Sources
E3. Restrictiveness of Admissions		
Var. of Ages/Sex	Adm. policy review	
Distance in Miles	Adm. policy review	*
Geo-Polit. Boundaries	Adm. policy review	*
Parental Availability	Adm. policy review	*
Special Prob.	Adm. policy review	*
E4. Staff Capacity: Staff Depth		
TFT/Adm. St/Tot. Child Pop.	Staff roster review	*
T.Adm. St./Tot. Ser. St	Staff roster review	*
Tot. Paid Cot. Life/ Tot. Child Pop.	Staff roster review	*
E5. Staff Capacity: Prog. Cont./Flex.		
Turnover Rate, Paid Staff	Staff roster review	****
Unfilled Adm./Ser. Pos.	Staff roster review	**
Deg. on-Going Train.	Staff D-M study	*
E6. Cross Flow		
Staff Comm. Involvement	Staff Background study	**
Centralization of Staff Involvement	Staff Background study	****
Volunteers/Tot. Paid Staff	Staff roster review	**
Deg. of Comm. Use	None	
E7. Instit. Status-Prog./ Facil. Change		
Facility Change	Exec. Change Orient. Study	*
Function Change	Exec. Change Orient. Study	*
1st Change Priority	Exec. Change Orient. Study	*
Exec. Change Orientation	Exec. Change Orient. Study	**

Primary Data Source: Baseline Survey Variable	Secondary Data Source	Measure of Agreement Between Data Sources
I. Preparing Resident Children		
I1. Use of Comm: Replacement Prep.		
Child Part. in 17 Types	None	
Deg. of Prog. Work with Parents	Staff interviews	***
Deg. of Aftercare	Staff interviews	*
I2. Use of Comm: Child Stigma.		
Group Transportation	RISWR Staff on site observation	No measure taken
Individual Transportation	RISWR Staff on site observation	No measure taken
Who Accompanies Gps.	RISWR Staff on site observation	No measure taken
Who Accompanies Ind.	RISWR Staff on site observation	No measure taken
Deg. of Labelling Children	RISWR Staff on site observation	No measure taken
I3. On Grounds: Cent. of Live/Eat Fac.		
Main Bldg. Res.	RISWR Staff on site observation	*
If yes, type living arr.	RISWR Staff on site observation	*
# Cottages -20 Kids	RISWR Staff on site observation	*
If 1 or more, type living arr.	RISWR Staff on site observation	*
# Dorms 20+ Kids	RISWR Staff on site observation	*
If 1 or more, type living arr.	RISWR Staff on site observation	*
Meals Prepared	RISWR Staff on site observation	*
Meals Served	RISWR Staff on site observation	*

Primary Data Source: Baseline Survey Variable	Secondary Data Source	Measure of Agreement Between Data Sources
I4. On Grounds: Comp. of Prog.		
Facilities: # of Bldgs. with separate function	RISWR Staff on site observation	*
School on Grounds	RISWR Staff on site observation	*
Spec. Ed. Children	Staff interviews	*
5 Types Cons./Ther.	Staff interviews	***
6 Forms Recreation	Staff interviews	**
Ave. Prov. 4 Types Admiss. Diag.	Staff interviews	No measure taken
Child Rec. 4 Types Admiss. Diag.	Staff interviews	No measure taken
I5. Daily Life Decision-Making Pattern		
Mode, On Grounds Community Adolescent Total Items	Cross Validation Study of Director's Reports on D-M Structure with Staff reports in 12 institutions	See Exhibit A-5
Ratio: Child Involve: On Grounds Community Adolescent Total		
I6. Discipline/Rewards	Same as I5	See Exhibit A-5
Type (1st-rep) Disc.		
Who (1st-rep) Disc.		
Type Rewards		
Who Rewards		
Centralization rewards/disc.		
I7. Centralization Final Authority	Same as I5	See Exhibit A-5
Exec. +.50% On Grounds Community Adolescent Total		
Above/Below $\bar{X}$s		

APPENDIX G

Reliability/Validity Estimates for Measures of Child Care Decision-Making Structures in Children's Institutions

APPENDIX G

Reliability/Validity Estimates for Measures of Child Care Decision-Making Structures in Children's Institutions

By George Thomas, Ph.D.*

Back in 1960, Dr. Lloyd Ohlin was urging his colleagues in child welfare research to give high priority to the study of decision-making structures in children's institutions.[1]

When the opportunity arose for the Research Institute to launch a three-year study of children's institutions in 1971,[2] due recognition was paid to those urgings and a special effort was made to measure and evaluate the impact of decision-making structures on the provision of institutional services.[3]

Following an extensive review of the literature, a three part instrument was developed to assess institutional decision-making. This paper presents a discussion of the structure of the instrument and the results of our evaluations of the instrument and the data it produced.

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[1] Research in Child Welfare, Children's Bureau Publication No. 389-1961. U.S. Government Printing Office, Washington, D.C., 1961, p. 42ff.

[2] Reference is to the study titled "Community-Oriented Care in Children's Institutions," funded by the Office of Child Development, DHEW. The Regional Institute of Social Welfare Research conducted the study under contract to the Georgia Dept. of Human Resources.

[3] Other project studies completed on the subject of decision making to date include: "Social Justice the Cornerstone of Treatment in Children's Institutions," (accepted for publication by Child Care Quarterly); "The Impact of Staff Performance in Centralized and Decentralized Children's Institutions," paper presented at the NCSW, Atlantic City, N. J., May 31, 1973, both by George Thomas; and The Legal Rights of Children to Care and Treatment Under Georgia Law, by Alan Turem (in progress).

The evaluation measures employed in this analysis provide estimates of the instrument's *content validity*, and of the *inter reliability* of knowledgeable institutional staff members who served as respondents during the 2 field administrations of the instrument.

The Child Care Decision-Making Instrument

As the above caption indicates, the instrument was designed to assess an institutional decision-making apparatus as it *directly* affects the lives of resident children. The instrument is composed of three basic parts as follow:

Part I: Daily Life Decision Making

This part is composed of 42 items involving daily living matters. Twenty-one cover decision-making issues that occur *on-grounds* with the remaining 21 covering issues that ordinarily occur in the *community*.

Additionally, the final 10 items form a subscale dealing exclusively with decision-making issues of concern to *adolescent children*.

Part II: Discipline

This part consists of 20 items each reflecting a negative behavior on the part of a child that normally would require a disciplining response from a responsible adult.

The battery of items is repeated twice, first to obtain data on the *type of disciplinary action* that is usually accorded for a first and then a repeated offense of each item, and secondly to obtain data on *who disciplines* a child for a first and a repeated offense of each item.

Part III: Rewards

This part includes 12 items that reflect excellence and/or extraordinary performance on the part of resident children. Again, the battery is repeated twice to obtain data on the *type of reward* normally provided and an assessment of *who rewards* a child for such behavior.

Methods of Instrument Scoring

Daily Life Decision Making

This battery yields two primary estimates of an institution's decision-making structure reflecting the degree of centralization of final authority and the spread of involvement across various staff levels in the decision-making process, referred to here as the decision-making pattern.

Figure 1 gives the response scale for this battery and the scores affixed for computing both final authority and decision-making patterns.

Figure 1

Daily Life Decision-Making Response
Categories and Item Scoring
For Final Authority and Patterns

Item Scoring for:	Board	Executive Director	Professional Staff	Cottage Parent/ Advisor	Children
Final Authority	1	2	3	4	5
Decision-Making Patterns	1	2	4	10	20

A respondent is asked to check every level of staff normally involved in deciding each of the 42 items, and then go back through the battery and circle the *one* staff level normally having final authority if a squabble occurs.

Final authority is computed by taking the average of the numbers assigned to each staff level circled over the 42-item battery. The range goes from completely centralized (1.0), or final authority rests entirely with the board, to completely child-run (5.0), with final authority entirely vested in resident children.

A separate scoring system is used to obtain decision-making patterns. The numbers assigned to each staff level produce unduplicated totals when used in combination. A total of 29 different decision-making patterns of the various staff levels is possible, each pattern having a separate numerical total, as follows:

Figure 2

Total Possible Decision-Making
Patterns for 5 Levels of Personnel

Number	1	2	3	4	5	6	7	10	11	12	13	14	16	17	20	21	22	23	24	26	27	30	31	32	33	34	35	36	37
Pattern	B	E	B E	P	B P	E P	B E P	CP	B CP	E CP	B E CP	P CP	E P CP	B E P CP	C	B C	E C	B E C	P C	C P C	B E P G	CP C	B CP C	E CP C	B E C	P CP C	B P CP C	E P CP C	B E P CP C

Scoring Key: 1 = Board (B)
2 = Executive Director (E)
4 = Professional Staff (P)
10 = Cottage Parent/Advisor (CP)
20 = Children (C)

A computer program has been developed which scans the responses across the item battery, computes item totals and presents a frequency distribution of the rate of use of each type of decision-making pattern across the 42 item daily life decision-making battery.

Discipline/Rewards

Scoring is similar for item batteries designed to assess the types of rewards/discipline handed out and who is responsible for these tasks.

Figure 3 presents the response categories and scoring for these batteries.

On the matter of who disciplines/rewards, an average is taken across the item battery to obtain an estimate of where the general responsibility lies within the institutional structure for these tasks. The range again is from 1.0 (board responsibility) to 5.0 (other responsibility).

Figure 3

Discipline/Rewards Response
Categories and Item Scoring

Who Disciplines/ Rewards:	Board	Executive Director	Professional Staff	Cottage Parent/ Advisor	Other(s)
	1	2	3	4	5

Type of Discipline:	Expulsion	Restriction to Grounds or Loss of Community Privileges	Restriction to Cottage or Loss of On-Grounds Privileges	Assigning Additional Duties	Verbal Reprimand	Other
	1	2	3	4	5	6

Type of Rewards:	Verbal Praise	Community Privileges	Increased On-Grounds Privileges	Reduction In Assigned Duties	Increased Allowances And/or Freedom in Spending Money	Other
	1	2	3	4	5	6

Numbers were assigned to types of reward/discipline for the simple convenience of developing frequency distributions of types of rewards/discipline utilized.

Instrument Analysis

Sample and Procedure

Data on which the subsequent analyses were performed derive from two administrations of the Child Care Decision-Making Instrument.

The instrument was first used as one part of a four-part mailed Baseline Survey Questionnaire submitted to all directors of institutions for dependent and neglected children in Georgia in 1972 (N=36).

In 1973 the instrument was used separately and submitted for completion by staff to 16 children's institutions that were at the time participating in institutional change experiments sponsored by the Research Institute.

This administration called for each executive director to name one social service staff member and one cottage parent to complete the instrument and mail it back without executive intervention to the Research Institute.

Twelve of the 16 institutions cooperated, and 23 useable returns were obtained (11 social service and 12 cottage parent returns).[4]

Data from executives in the 12 responding institutions were extracted from the initial (1972) data source allowing comparisons to be performed on intra-staff level similarities and differences.

It should be emphasized here that we purposefully adopted the approach of letting the executive choose the staff respondents. We assumed that each executive would tend to select staff that he felt held views similar to his own, thus introducing a bias toward consensus.

If this assumption is reasonable, then results showing consensus across staff levels consistently throughout the 12 institutions in the sample would reflect favorably on the reliability of the overall instrument.

Estimates of the Instrument's Content Validity

Each item battery provides instructions and allows space for writing in responses additional to those allowed in the item and response category format.

Also, in the discipline and rewards batteries, a response category "other" is provided.

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[4] The 12 institutions utilized were split as follows geographically: 5 in the Atlanta area, 3 in the Macon area, and 4 in the Savannah area.

One measure of the content validity of the overall instrument is the rate of use of the "other" category and/or the number of write-in additions.

Regarding write-ins, on the daily life decision-making battery, 6 of a total of 56 respondents contributed 10 additional behavioral items commonly dealt with in a normal work day. No respondent indicated any additional staff level or other person as involved in the decision-making process.

Consistent with this is the low rate of use of the "other" category provided in the discipline/rewards batteries, as reflected in Table 1.

Table 1

Rates of Use of "Other" Category
By Item Battery and Staff Level
(By Percents of Total Responses)

Item Battery	# Items	Executives (N=33)	Staff (N=23)
Type discipline, 1st offense	20	.01	.05
Type discipline, Repeated offense	20	.02	.08
Who disciplines, 1st offense	20	.03	.03
Who disciplines, Repeated offense	20	.01	.02
Type rewards	12	.02	.02
Who rewards	12	.04	.08

Staff utilized the "other" category more frequently than executives but they expressed a very limited range of alternatives in so doing. Almost all of the additional comments on discipline indicated the occasional use of corporal punishment. Similarly, the great majority of additional comments regarding rewards had to do with attributing responsibility for rewards to a volunteer person from the community (tutor, big brother, etc.).

The low rates of use of additional commentary could not be attributed to respondent fatigue: rates of use for the first and last half of each item battery were computed and in no case did the two percentages vary more than one-half of a percentage point.

In general, these results suggest that the item batteries reflect reasonable content validity, both in terms of the item content coverage and the scope of the provided response categories.

Estimates of the Instrument's Reliability

As noted, a bias toward consensus was built into the sampling procedure. This means that one test of the instrument's capability to measure decision-making structures is the degree to which data conform to the expectation of consensus. It can be added that the construction of items and provisions for "other" responses and open ended responses also contribute to the accuracy of instrument.

Daily Life Decision-Making Final Authority

Table 2 provides final authority means and percentage distributions of where final authority is perceived to lie across staff levels according to executive directors, social service personnel, and cottage parents in the 12 institutions.

Table 2

Final Authority in Daily Life Decision-Making
By Staff Level

	N	Item Battery $\bar{x}$	% Distribution					Non-Response Rate
			(1) Board	(2) Exec.	(3) Prof. Staff	(4) Cot. Par.	(5) Children	
Executives	12	2.79	.02	.41	.19	.33	.05	.05
Social Service	11	3.15	---	.36	.18	.40	.06	.45
Cottage Parents	12	2.84	.02	.49	.14	.30	.04	.44

Inspection of percentage distributions reveals marked similarities across staff levels, and difference of means tests (t) yielded nothing approaching statistical significance for the 3 tests performed.

Finally an extremely low rank order correlation was obtained by matching executive and staff means on final authority across the 12 institutions (r_s=.03).

These analyses suggest a high level of consensus on the matter of final authority.[5]

Daily Life Decision-Making Patterns

Some of the more interesting results were obtained in analyzing overall staff perceptions of decision-making patterns.

One method of analysis used was to compute the percentage of times to the total number of items (N=42) that each staff level (executive, social service, and cottage parents) perceived themselves and every other staff level as deciding each issue alone, with 1 other staff level, or in combination with 2 or more staff levels.

This procedure provides a glimpse of the extent to which each staff level sees itself as holding singular authority, or conversely, the extent to which each sees the decision-making structure as a complex entity.

Data as presented in Table 3 suggest marked differences in perceptions according to staff level. For example, executives view the decision-making structure as heavily multilevel or complex, while cottage parents are clearly more prone to viewing it as substantially vested in themselves. Social service staff also view the decision-making structure as quite complex but view themselves as virtual non-participants.

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[5] Left unexplained is the high level of staff non-response in this item battery. Instructions may have been too complicated, but then they did not prove so for executives. It may be that staff simply find it a foreign task to pass judgment or final authority.

Staff responses were also cross tabulated controlling for age (under/over age 35), sex, and number of years on the job (less/more than 2 years) and t tests were performed to detect differences, if any, in scores attributable to these factors. All test were non-significant.

Table 3

Staff Perceptions of Daily Life Decision-Making Patterns, By Staff Level

	% of Issues I (others) Decide:		
Per Executives (N=12)	Alone	With 1 Other Level	(2 or more) Multilevels
Executives	.06	.13	.38
Social Service	.04	.13	.23
Cottage Parents	.07	.33	.36
Children	.02	.17	.28

	% of Issues I (others) Decide:		
Per Social Service (N=11)	Alone	With 1 Other Level	(2 or more) Multilevels
Executives	.09	.09	.24
Social Service	.02	.09	.18
Cottage Parents	.16	.26	.31
Children	.06	.14	.30

	% of Issues I (others) Decide:		
Per Cottage Parents (N=12)	Alone	With 1 Other Level	(2 or more) Multilevels
Executives	.14	.27	.07
Social Service	.08	.10	.05
Cottage Parents	.36	.23	.07
Children	.06	.07	.07

Staff perceptions differed across levels in one other important way: executives utilized 24 of 29 possible decision-making patterns in describing the decision-making structures in their institutions, while social service staff utilized 16 patterns and cottage parents 13 patterns respectively.

Further, ranking decision-making patterns according to the frequency with which they are utilized for each staff level revealed that 55 percent of all executive ratings occurred in the 5 highest ranked patterns. This compares to 62 percent and 77 percent of ratings in the 5 highest ranked patterns for social service personnel and cottage parents respectively.

These findings indicate that executives view decision-making structures as considerably more specialized than staff do, particularly cottage parents.

In sum, the perceived complexity (degree of use of multilevel patterns) and specialization (number of different patterns utilized) of the decision-making structure clearly increases as we progress up the hierarchy from cottage parents, through social service personnel, to executive directors.

In order to obtain a single measure of the aggregate differences in use of decision-making patterns between staff levels, Spearman rank order correlations were obtained for each set of staff levels utilizing frequencies for 18 of the 29 possible decision-making patterns.[6]

Table 4 gives the results of these analyses and shows that a significant overall difference in the utilization of decision-making patterns occurs only between social service and cottage parent staff levels.

From these analyses it can be concluded that a variety of interesting differences in perceptions of the complexity and specialization of decision-making structures appear comparing between staff levels.

These differences are not sufficient, however, to yield statistically significant results relative to overall differences in use of decision-making patterns, with the exception of the social service/cottage parent comparison.

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[6] Eleven decision-making patterns were not utilized because frequency of use was 0 or 1 for both staff levels being ranked.

Table 4

Results of Spearman Rank Order Correlations of Decision-Making Patterns, by Staff Level

Staff Levels	r_s
Social Service x Cottage Parents	.547*
Social Service x Executives	.160
Cottage Parents x Executives	.372
Combined Soc. Ser./Cot. Par. x Executives	.275

*P. <.05 (2,18df)

Reference: J. P. Guilford, Fundamental Statistics in Psychology and Education. N. Y.: McGraw-Hill, 1942. Table D p.323.

In general, the results conform to the expectation of staff consensus (no significant differences) lending it least partial support to the claim that the instrument is measuring decision-making patterns meaningfully.

Discipline/Rewards

Finally, percentage distributions of ratings were compiled for each staff level relative to the types of rewards and discipline dispensed as well as for who does the rewarding and disciplining in the 12 institutions in the sample.

These distributions are presented in Tables 5 through 8.

Inspection of percentage distributions across staff levels for type of discipline (Table 5) and who disciplines (Table 6) on first offense matters, and a similar inspection of distributions for repeated offenses (percentages in parentheses) yields the conclusion that few obvious differences occur. Chi square tests performed on all four matrices (1st and repeated offense data for type and who disciplines) yielded no statistical indications of significant differences further confirming our observations.

Similar tests for the reward matrices presented in Tables 7 and 8 produced similar non-significant results.

In general, casual inspection and statistical analyses reveal no significant differences between the 3 staff levels on matters of the types of rewards and/or discipline handed out, or who, in general, has responsibility for these duties.

It is important to note however, that non-response rates were very high for cottage parents relative to type of discipline (both 1st and repeated offense) and who disciplines (1st offense), and for social service personnel relative to who rewards.

We discern no clear pattern and have found no reasonable explanation for these failures to respond in these areas (including the high non-response rate for final authority).

It can be said that the tendency is toward consensus (or similarity) across staff levels on all the item batteries regardless of rate of non-response. Given this fact, it is probable that high non-response rates on particular item batteries do not represent a body of opinion contrary to that which was recorded.

These results for the discipline and rewards item batteries add a final note of support to the conclusion that the decision-making instrument generally measures child care decision-making structures in children's institutions in a meaningful fashion.

Conclusion

The findings suggest that the item content and response categories for the instrument as a whole are generally adequate to producing a reasonably comprehensive and accurate assessment of child care decision-making, and that the instrument would, therefore, be generally useful for the evaluation of this important feature of service delivery in children's institutions.

Table 5

Percentage Distributions of Type of Discipline Used for First and Repeated Offense of Same Behavior, By Staff Level

Staff Level	N	Total Items	(1) Expulsion From Institution	(2) Restriction To Grounds Loss of Community Privileges	(3) Restriction To Cottage Loss of On-Grounds Privileges	(4) Adding Extra Duties	(5) Verbal Reprimand	(6) Other (Spanking)	Non-Response Rate
Executives	12	20 (20)	.04 (.13)*	.07 (.35)	.12 (.22)	.10 (.13)	.54 (.09)	.12 (.09)	.05 (.05)
Social Service	11	20 (20)	.01 (.20)	.14 (.25)	.14 (.19)	.09 (.14)	.53 (.10)	.09 (.08)	.11 (.07)
Cottage Parents	12	20 (20)	.05 (.12)	.13 (.22)	.12 (.24)	.05 (.17)	.51 (.05)	.14 (.17)	.38 (.63)
Soc. Ser./Cot. Par. Combined	23	20 (20)	.03 (.16)	.13 (.26)	.13 (.21)	.06 (.15)	.52 (.09)	.12 (.13)	.30 (.47)

*( ) = Percentage Distributions for Repeated Offense of Same Behavior

In Tables 5-8 percentage distributions do not always total to 100.0 due to rounding error.

Table 6

Percentage Distributions for Who Disciplines for First and Repeated Offenses of Same Behavior, By Staff Level

Staff Level	N	Total Items	(1) Board	(2) Exec. Dir.	(3) Prof. Staff	(4) Cottage Parent/ Advisor	(5) Other (Volunteers)	Non-Response Rate
Executive	12	20 (20)	— (—)*	.13 (.75)	.10 (.07)	.76 (.14)	.01 (.05)	.03 (.03)
Social Service	11	20 (20)	— (—)	.31 (.57)	.06 (.—)	.61 (.41)	.03 (.02)	.14 (.21)
Cottage Parents	12	20 (20)	— (—)	.22 (.60)	.01 (.08)	.67 (.25)	.10 (.06)	.27 (.35)
Soc. Ser./Cot. Par. Combined	23	20 (20)	— (—)	.25 (.59)	.03 (.05)	.65 (.31)	.08 (.05)	.23 (.31)

*( ) = Percentage Distributions for Repeated Offense of Same Behavior

Table 7

Percentage Distribution for Who Rewards, By Staff Level

Staff Level	N	Total Items	(1) Board	(2) Exec. Dir.	(3) Prof. Staff	(4) Cottage Parent/ Advisor	(5) Other	Non-Response Rate
Executive	12	12	.01	.20	.04	.72	.02	—
Social Service	11	12	—	.13	.10	.77	—	.43
Cottages Parents	12	12	—	.16	.22	.88	—	.24
Soc. Ser./Cot. Par. Combined	23	12	—	.15	.03	.80	—	.30

Table 8

Percentage Distribution of Type of Rewards Provided by Staff Level

Staff Level	N	Total Items	(1) Verbal Praise	(2) Increased Community Privileges	(3) Increased On-Ground Privileges	(4) Reduced Duties	(5) Increased Allowances/ More Freedom in Spending	(6) Other	Non-Response Rate
Executives	12	12	.65	.17	.06	.01	.06	.03	---
Social Service	11	12	.59	.11	.14	.03	.11	.03	.04
Cottage Parents	12	12	.78	.09	.04	---	.04	.07	.23
Soc. Ser./Cot. Par. Combined	23	12	.71	.10	.07	.01	.06	.05	.16

APPENDIX H

Rotated Item Factor Matrix for 46-Item Task/ Social Relations Competence Scale

APPENDIX H

Rotated Item Factor Matrix for 46-Item Task/ Social Relations Competence Scale
(N=845)

		Factor Number					
		I	II	III	IV	V	h^2
*Item	Item Number	Cottage Parent	Peer	Teacher	Task Inadequacy (I can't do)	Task Accomplishment (I can do)	
T	1	06	04	-06	08	29	10
SM	2	05	15	05	05	16	05
CM	3	-09	41*	—	12	07	20
T	4	01	01	-03	10	18	04
T	5	05	03	16	41*	19	24
SM	6	01	01	-01	-04	27	08
SM	7	02	38*	18	25	-04	24
CM	8	-11	36*	13	--	02	17
t	9	-24	03	54*	-01	24	40
t	10	-02	22	50*	26	06	37
CM	11	-06	50*	-03	02	12	27
t	12	-02	25	30	17	06	19
T	13	01	09	15	42*	19	25
SM	14	—	36*	23	03	28	27
T	15	04	26	07	23	-02	13
T	16	-06	13	24	14	44*	29
SM	17	01	41	15	26	02	26
CM	18	-15	50*	09	19	-05	32
t	19	-15	14	49*	30*	—	38
CP	20	-54*	-01	06	-27	13	38
t	21	-14	17	51*	14	-12	34
T	22	02	04	12	08	35*	15
CP	23	55*	16	26	11	-22	46
CM	24	-08	50*	--	-11	20	31
T	25	-08	-03	-04	43*	05	19
T	26	-05	05	08	15	47*	26
CP	27	-64*	21	23	17	-17	56
t	28	-08	11	72*	-02	15	56
CM	29	-17	47*	20	17	-08	33
T	30	05	--	-07	52*	06	28
SM	31	-01	46*	08	--	27	31

(cont.)

Rotated Item Factor Matrix for 46-Item Task/ Social Relations Competence Scale (N=845)

		Factor Number					
		I	II	III	IV	V	h^2
*Item	Item Number	Cottage Parent	Peer	Teacher	Task Inadequacy (I can't do)	Task Accomplishment (I can do)	
CM	32	-08	40*	14	22	--	23
t	33	--	07	35*	-14	09	15
CP	34	-67*	12	20	25	-12	58
CM	35	10	59*	04	02	19	40
T	36	06	24	04	30*	08	16
SM	37	-07	43*	10	29	-10	29
CP	38	-77*	08	11	-05	02	62
T	39	--	--	09	01	31*	52
CP	40	-71*	04	05	09	-05	52
SM	41	-02	35*	05	13	35*	26
T	42	-03	20	05	42*	16	24
CP	43	-83*	09	-04	-11	13	73
T	44	-04	--	26	-07	39*	23
CP	45	-78*	13	-08	-18	06	67
T	46	07	19	-13	--	34*	17

*Items Retained

T = Task
SM = School Mates
CM = Cottage Mates
CP = Cottage Parents
t = Teachers

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